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Mental Health and Adolescents: The Role of Occupational Therapy in Mental Health Promotion

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Mental Health and Adolescents:
The Role of Occupational Therapy in Mental Health Promotion

Sarah S. Greene

A doctoral project submitted in partial fulfillment of the requirements for
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Abstract

Mental health and well-being are essential to allow individuals to participate in occupations, activities that bring meaning and value to their lives, across their lifespan. This is especially important during the adolescent years, ages 10-19, where brain development and growth are vital and have lifelong functional implications. Positive mental health allows individuals to fully function across environments and involves positive experiences, environments, and internal well-being. Using Multi-Tiered Systems of Support (MTSS), positive mental health initiatives can be implemented to reach all individuals within a community (Bazyk, 2011).

Schools are the places where youth spend the majority of their waking hours. Initiatives to address positive mental health and well-being from a proactive perspective using MTSS can be introduced in the school environment to impact the individuals, including students and staff, throughout all parts of the school day (Bazyk, 2011; Kumar & Mohideen, 2019). Positive mental health impacts academic success, extracurricular participation, and overall well-being.

This culminating portfolio of three knowledge translation projects examined three different approaches to understanding, implementing, and advocating for children and youth's positive mental health needs. In knowledge translation project one, research supporting MTSS and a public health model through interdisciplinary approaches was culminated and disseminated to practicing occupational therapy practitioners and students in a presentation through the Minnesota Occupational Therapy Association (MOTA). In knowledge translation project two, a school-wide initiative on mental health promotion was designed and implemented to a middle school community, including teachers, staff, and students, over six weekly lessons over Zoom. In the third knowledge translation project, resources are outlined to assist other practicing therapists and students in advocating for their role in mental health promotion within a school-based setting in a poster presentation to be completed at the Minnesota School-Based OT/PT Institute.

The knowledge translation projects and background research to support evidence-based practice in mental health promotion demonstrated the role that occupational therapy could play within the school-based setting. Mental health, including positive mental health and well-being, are foundational to full participation in lifelong occupations. Occupational therapists have background knowledge and training in mental health that should be considered for active involvement on mental health teams to support student mental health and well-being.

Chapter 1. Introduction and Background

Background

My interest in adolescent mental health, namely middle school students, began about four years ago. Since that time, I have worked in a K-12 charter school, beginning to concentrate more on the middle school population, grades 5-8. As I worked with students on my occupational therapy caseload, I noticed a shift in academics and active participation in extracurricular activities. I saw more emotional regulation and executive functioning needs, which inhibited their active participation in the school environment. Teachers noticed more concerns about skills, such as time management, organization, planning, and working memory. I began researching, reading books, and taking different continuing education opportunities to delve deeper into why I saw this shift in students' needs. As I learned more about these areas, such as time management, anxiety, mindfulness, and character strengths, I began to share my findings with the special education team. We started trying to look for opportunities to address this, as well as social skills and group dynamics, with the middle school students who received special education services. During these last four school years, in collaboration with the special education team in middle school, I shifted my interventions from individual interventions to group interventions in the students' study skills class. During these weekly sessions, we addressed different areas, such as executive functioning skills, character strengths, social skills, emotional regulation, and unbeknownst to me until more recently, positive psychology interventions (PPI) and positive youth development (PYD), in the identified needs of the students based on collaboration with the special education team.

As I offered these weekly sessions to the special education middle school students, I began to see a shift in their performance and attitudes in academics and beyond. I started to see students talking about positivity and character strengths with each other. I began to notice them attempt and persevere through activities that in the past would have caused emotional regulation issues that would have led them to give up on the activity. Teachers and staff began

to notice changes too, with some actively participating in the learning activities. As part of their study skills hour, these classes developed a class cohesion and positive group dynamic that I hadn't seen in the past. Each class had the same curriculum instructed to them during study skills one day a week, designed by myself, which they aptly named "Mrs. Greene Day," typically on Wednesdays.

As these students are typically enrolled in their study skills class throughout their middle school years (grades 5-8), the curriculum has needed to shift and change to meet the students' needs and keep the activities novel. Looking into curriculums to use, I identified a gap in evidence-based programming that addressed the needs that I saw, such as strength development, assisting youth in understanding themselves, working through adversity, the lack of positive mindset, and social skills. There are curriculums designed to address the different areas, including specific executive functioning programs and/or social skills, but they did not fully address the needs that I saw in middle school students with Individual Education Plans (IEP) or 504 Plans within this K-12 charter school. At the same time, we began seeing an increase in students in the general education setting showing differing needs in these same areas. These students did not have identified needs, per se, but were struggling. Some of these were students typically had good grades but were struggling emotionally. Some were eventually diagnosed with anxiety, depression, ADHD/ADD, and other identifiable and qualifying mental health concerns under Other Health Impaired within the academic setting. As this became more frequent, the question started to arise if there were ways to address some of these concerns before they negatively impacted the student, academically and beyond, leading to a diagnosis and special education service. Was this a role that occupational therapy should be actively involved?

Adolescence, defined as ages 10-19, is a time of rapid growth and development in all areas – social, emotional, physical, psychological – with the rate of change and growth only exceeded by that of the fetal and infancy periods, with lasting impact throughout the lifespan

(WHO, 2006). Expectations increase in academics and participation in extracurricular activities, with competitive sports and activities growing in availability and expectations. Academics become more rigorous in these years, with pressure to perform well on college entrance exams, advanced placement tests, and lifelong career aspects impacted by performance.

When a student struggles in school, professionals from all disciplines try to look for the root cause, no matter what the age. In the adolescent years, this looks different from the early childhood and elementary setting. Social workers, counselors, and school psychologists are not always a part of the academic community, allowing these roles to fall on teachers and support staff, some of who do not have background and training in youth's mental health needs. Teachers look at learning difficulties. Administrators may look at behavioral issues. Parents may look at teaching style or the environment. As occupational therapists, we have an opportunity to look at the whole child, the entire picture of their environments, and examine what might be restricting them from meeting success in an environment that they spend most of their time in – school. But what do we do when it is not a quick answer, like adapted paper, preferential seating, extra math help, or glasses that will assist them? Instead, what if their thoughts and feelings about themselves and their abilities to perform and flourish are hindering their success? In recent years, this has been a problem that I have seen with students with special education needs, as well as those youth who do not qualify for special education services. How do we ensure that all youth have the opportunities to flourish in the academic setting? How do we help them succeed in school and beyond in their adult lives?

Foundational skills, such as understanding yourself, understanding your strengths, finding compensatory techniques for your areas of struggle, learning perseverance, and feeling good about who you are, all impact lifelong success. Research links character strength education in the school setting, even over a short interval, with well-being, flourishing, increased life satisfaction and happiness, decreased psychopathology, improved self-esteem, positive

affect changes, and academic achievement (Proctor et al., 2011). By focusing on strengths, students may flourish in times of adversity (Oppenheimer et al., 2014). Through understanding their strengths, students may show less withdrawal in times of challenge. According to Blackwell et al. (2007), adolescents who see that intelligence is malleable (also known as a growth mindset) have more positive beliefs about the value of effort even in times of failure, had more concrete learning goals, and demonstrated fewer helpless attributes concerning challenging work. Oppenheimer et al. (2014) found that perseverance and optimism, which are linked to academic achievement and decreased behavioral problems, when directly taught to youth through school-based character strength programming, impact overall well-being and flourishing. Through perseverance, students may push themselves farther and try novel tasks, such as a new area of study or interest or a new extracurricular activity. These different areas of interest, new classes or hobbies, may develop into lifetime occupations for these students.

Mental health from a positive perspective is an area that many professionals do not examine. When individuals hear the words "mental health," they often jump to negative mental health and mental illness. However, mental health is much more to that. To fully function in daily life, including school, home, and community settings, individuals need positive mental health and well-being. According to the Center for Disease Control and Prevention (2020), mental health impacts how we think, feel, and act, including our emotional, psychological, and social well-being, determines how we relate to others, handle stress, make choices about our health, and is vital in all life stages, from infancy through adulthood.

With our background and training in development, whole-person interventions, environmental adaptations, awareness, and focus on meaningful occupations, I believe occupational therapy has a unique perspective to promote positive mental health and well-being in the school and community setting for all students. The profession of occupational therapy's roots was formed to address mental health needs across all settings, including pediatrics. As a support service within the school settings, occupational therapists can work with students, staff,

families, and communities to ensure that students' fundamental mental health and well-being needs are met to encourage participation in everyday life, promote academic success, and influence future outlook and active involvement in all areas of life (AOTA, 2013; AOTA, 2017a). Occupational therapy practitioners can assist students in being successful and know that they are capable and have strengths that can help them even in adversity. Occupational therapy practitioners can help students understand who they are and be proud of their strengths versus concerned and focused on their deficits.

My academic training and professional experience to date have provided me with many continuing education courses in a wide range of topics about pediatrics, as well as extensive work experience within both clinical and educational sectors over the last almost twenty years. While in my current position as a contractor in a K-12 Charter school, I was asked to present a continuing education presentation on time management techniques as teachers and administrators recognized a need to understand executive functioning deficits seen in the student population. According to Goldestein and Naglieri (2014), executive functions are cognitive processes carried out by the prefrontal area of the frontal lobe and include planning, working memory, inhibition, self-monitoring, attention, initiation, and self-regulation. Techniques and ideas to address these executive functioning areas were shared with staff to assist students in their general education classrooms. During distance learning in the spring of 2020, I advocated for and provided a weekly email for all employees to help address their mental health and well-being in this different time in the world and education. Teachers were required to find new ways to educate their students while the world was trying to figure out how to live in a pandemic. New technology had to be investigated and learned so that teachers could reach students. Simultaneously, teachers and staff had to think of their own families and how the pandemic impacted them, such as having their children at home and supporting them while also educating their students. From my perspective, teachers felt pressured to do as much as they could for their students while often forgetting to take care of themselves. There was so much

information coming from so many different angles, and it was hard to navigate it all and, for some, became very overwhelming. After talking to others and examining my struggles during this time, I decided it may be beneficial to compile information to help support staff by navigating the barrage of information and disseminating it through a weekly email, addressing ways to assist their students, but also their self-cares.

Throughout my almost 20 years as a practicing therapist, I have participated in many continuing education areas, including many multi-disciplinary workshops, to assist in my pediatric practice. Many workshops that I sought out were presented by educators, psychologists, counselors, social workers, neuropsychologists, occupational therapists, and more. In the past few years, as I have seen my students' needs, as well as the staff I work with, evolve, I focused my continuing education on mental health and well-being. I have completed multiple trainings in executive functioning, growth mindset, anxiety disorders, mindfulness, yoga, and emotional regulation. Through all of this, I continue to see that this is an untapped area of practice that impacts the students I work with and their families, the school environment, their communities, and the adults they will become.

Review of the Evidence

Defining Mental Health and Well-Being

Mental health is a complex and often misunderstood term that impacts all areas of life and functioning. Mental health is integral to our overall health and is more than the absence of mental disorders, mental illness, or mental disabilities (CDC, 2018a; WHO, 2018). Mental health and mental illness do not have the same definition and are two different things (CDC, 2018a; WHO, 2018). According to Bazyk (2011), mental health is characterized by positive emotions (positive affect, interest in life, happiness), positive psychological functioning (self-acceptance, purpose in life, autonomy), and positive social functioning (sense of belonging, positive attitude towards others, meaningful social outlets). Positive mental health, well-being, and flourishing

are related to positive functioning, allowing people to realize their aspirations, satisfy their essential and desired needs, live fulfilling, long lives, enabling them to develop socially, economically, and personally (CDC, 2018b). Positive mental health allows people to cope with the normal stresses of everyday life, participate in meaningful activities, and help individuals realize their abilities, including emotional, social, and psychological well-being affecting how they think, act, and feel (CDC, 2018a; U.S. Department of Health & Human Services, 2020; WHO, 2018). Mental health is fundamental for individuals to interact with others, earn a living, and participate in and enjoy life, and is essential to consider across the lifespan, from childhood, through adolescents, and into adulthood (CDC, 2018; U.S. Department of Health & Human Services, 2020; WHO, 2018).

Well-being is a holistic term used in disease prevention and health promotion that integrates mental health (the mind) with physical health (the body) (CDC, 2018b). Studies have found that well-being is associated with self-perceived health, longevity, healthy behaviors, mental and physical illness, social connectedness, productivity, and factors in physical and social environments and health, job, family, and related economic benefits (CDC, 2018b). Well-being is the ultimate goal of health promotion, including satisfaction with participation in occupations and daily activities that enhance life quality (AOTA, 2020).

Mental Health and Well-Being in Adolescence

Childhood and adolescence are a time of rapid growth, brain development, and a critical life stage for mental health (WHO, 2006). Children who exemplify positive mental health, or are considered mentally healthy, have a positive quality of life, function well across environments, meet development and emotional milestones, learn healthy social skills, and adequately cope in times of stress (CDC, 2021). The main occupation in adolescents is related to school, but participation in extracurricular and community settings, including home, are also crucial to youth development. According to the World Federation of Occupational Therapists (2012, para. 2), occupations can be described as "personalized everyday activities that people do as individuals,

in families, and with communities to occupy time and bring meaning and purpose to life." In schools, occupational therapists help to support students in their daily routines, including classroom, playground, lunchroom, and extracurricular activities; help build capacity for school success through study skills, problem-solving abilities, and social skills; and assist students with meeting the demands of daily activities through coping strategies and modifications within the environments that they live, learn, and play (AOTA, 2009). According to the World Health Organization (2020), environments, including home, school, and community, influence and shape the well-being and development of the children and adolescents who grow up in them. When adolescents' mental health needs are not met, the consequences may limit the opportunities to lead fulfilling lives into adulthood (WHO, 2020).

The prevalence of mental health concerns continues to rise in youth. It is estimated that more than half of mental health problems begin in adolescence, with estimates of between 10-20% of adolescents globally experiencing mental health problems; though many of these are underdiagnosed and undertreated (WHO, 2020). According to the National Institute of Mental Health (2021), mental disorders are estimated to impact 49.5% of adolescents in the United States, with up to 22.2% of them presenting with severe impairment. With up to half of mental health issues beginning before the age of 14, mental health concerns account for 16% of the global burden of disease and injury in youth ages 10-19 years, with depression being one of the leading causes of illness and disability among adolescents (WHO, 2020). These disorders lead to serious changes in how children learn, behave, handle their emotions, and can cause distress and problems with getting through their day (CDC, 2020). Poor mental health in adolescence can have lasting, long-term impacts, including risk-taking behaviors, self-harm, tobacco, alcohol, and drug use, risky sexual behaviors, and exposure to violence, all of which may have lasting effects and serious implications throughout the lifespan (WHO, 2020). According to Roth et al. (2017), subjective well-being at high levels in adolescents is associated with greater school satisfaction, academic self-perceptions, academic achievement, higher

quality social relationships, and better physical health and can be a predictor of future student success.

Mental Health and Academic Success

One of the main occupations in adolescence is participating in school and academics in the roles of student and peer. According to Suldo et al. (2014), there is growing research supporting the impact of school climate on academic and behavioral outcomes. School climates perceived as caring, emotionally and physically safe, and supportive to students are beneficial to student success (Suldo et al., 2014). In 2013, the White House released the *Now is the Time* plan, which included initiatives to improve mental health access and equip schools to implement evidence-based practices (youth.gov, n.d.b). Evidence-based programs to address positive school climate, early intervention services for students, promotion of skills to assist students with positive mental health and well-being, and staff development and coaching are ways to implement school-based mental health services for youth (youth.gov, n.d.b). Supportive and safe environments, reinforced by positive mental health and well-being programs, can increase classroom participation and develop trusting relationships for students and staff (Leschied et al., 2018).

Within a school-based setting, addressing positive mental health and well-being, effective implementation can be an inhibiting factor. Essential factors include teacher characteristics, school response, the community, and overall support (Leschied et al., 2018). Many teachers do not feel equipped to address student mental health (National Academics of Sciences, Engineering, and Medicine, 2021). Teachers need to believe in the need for programming, that the program can be successful, and possess confidence and skills to successfully implement mental health programming (Leschied et al., 2018). Although educators and health professionals agree that integrating school and mental health may be beneficial, there have not been universal, evidence-based, concrete ways identified to address this (Atkins et al., 2010). Though some practitioners are trained in mental health and evidence-based

practice, some barriers exist that need to be fully understood to efficiently and effectively implement programming in mental health in a school setting (Langley et al., 2010). O'Reilly and colleagues (2018) found in an exploratory study that educators did not feel it was their primary role to address mental health, and they were ill-equipped to manage mental health needs in the school setting. With limited resources, including time and trained personnel, programs that focus on promotion and prevention, including mental health, often need to compete for priority in the school setting (Atkins et al., 2010).

Adolescent mental health and well-being play a significant role in academic, extracurricular, and community participation. Youth who are mentally healthy are more likely to be ready to learn when they go to school, actively engage in school activities, have supportive connections with others, and add to positive school culture (Youth.gov, n.d.b.). Youth are more likely to be unhappy at school and absent when they have mental health disorders (Youth.gov, n.d.a.). It has been noted that student mental health affects academic outcomes, while academic achievements impact student mental health and well-being (Suldo et al., 2014). High school students with mental health disorders are more likely to drop out or fail, with up to 14% mainly receiving Ds and Fs (Youth.gov, n.d.a.). Only 32% of these students continue to post-secondary education (Youth.gov, n.d.a.). Garcia-Carrion et al. (2019) found evidence in their literature review that interaction-based mental health programs within the school setting showed gains in students' academic achievement, leading to long-term positive improvements in academic achievement. This may, in turn, lead to other long-term positive effects that will further prevent mental health and behavioral problems (Garcia-Carrion et al., 2019). There is a need for further research, as only 24 out of 64 studies of school-based mental health interventions published from 1990 to 2006 examined educational outcomes (Suldo et al., 2014).

Mental Health Promotion through Multi-Tiered Systems of Support using a Public Health Framework

Multi-tiered systems of support (MTSS) offers a way to support all students within a school environment, prompting districts to adopt this system, which is viewed as the current standard for implementing mental health services in schools (Cahill & Egan, 2017). This public health framework allows the opportunity to emphasize improving students' social, physical, and economic environments (Bazyk, 2011). MTSS is a framework designed to help problem-solve to improve outcomes for all students, relying on evidence-based practice to address students' various needs (Center on Positive Behavioral Interventions & Supports, 2021). This three-tiered support system involves Tier 1 (universal or whole population), Tier 2 (targeted or selective), and Tier 3 (intensive or individualized) interventions (Bazyk, 2011; Center on Positive Behavioral Interventions & Supports, 2021.). This framework has been applied in various educational domains, including academic instruction, social skills instruction, behavior management, special education, and mental health services (Cahill & Egan, 2017). Through a systematic review, MTSS demonstrated the potential to create a positive school climate, with increased feelings of emotional support, well-being, solidarity, and friendship in the school community (Garcia-Carrion et al., 2019). Five interventions reviewed by Garcia-Carrion et al. (2019) were found to improve classroom climate, including behavior management and productivity, improved teacher-student interactions, such as emotional support, teacher sensitivity, and responsive teacher-student relationships, and improved peer interactions.

Mental health promotion and prevention initiatives aim to strengthen individuals' capacity to regulate emotions, enhance alternatives to risk-taking behaviors, build resilience for complex situations and adversity, and promote supportive social environments and social networks (WHO, 2020). Mental health promotion is a multi-disciplinary area of practice emphasizing mental health in the whole population, including those with and without diagnosed mental health problems, which promotes competency enhancement, including strengths and resources

(Bazyk, 2011). Using a public health model, including MTSS, to address mental health promotion and prevention, all student's needs can be addressed (Bazyk, 2011). According to Bazyk (2011), this framework focuses on remediating problems and building positive qualities and personal strengths, allowing all students to participate in chosen occupations, grow through participation, and experience health, security, and well-being. Arora et al. (2019) in their systematic review found that using an MTSS framework to address depressive symptoms was 76.7% effective at Tier 1, 77.5% effective at Tier 2, and 78.9% effective at Tier 3. According Arbesman et al. (2013), there is evidence supporting a multi-tiered approach for all children and youth, including strength-based approaches for all, targeted services for those at-risk, and individual impairment-focused for those with identified mental health challenges.

Positive Youth Development and Positive Psychology Interventions

Positive mental health looks at the psychological component of well-being as a resource to include the assets and skills for overall well-being (CDC, 2018b). Positive functioning is linked to positive mental health, well-being, and flourishing (CDC, 2018b). According to Bazyk (2011, p. 8), "Positive Youth Development (PYD) can be fostered when traits (e.g., character strengths), subjective experiences (e.g., happiness), and institutions are in alignment." According to Park & Peterson (2008), character strengths play a crucial role in PYD as broad protective factors, prevention, and mitigating problems and promote flourishing and thriving. Positive psychology is defined as:

A field of psychological theory and research that focuses on the psychological states (e.g., contentment, joy), individual traits or character strengths (e.g., intimacy, integrity, altruism, wisdom), and social institutions that enhance subjective well-being and make life most worth living. (American Psychological Association, 2020. Para. 1).

Positive Psychology Interventions (PPI) are associated with happiness, well-being, and flourishing (Cilar et al., 2020). In a systematic review of 23 PPI and programs, over half of the techniques were deemed effective that addressed mental health and well-being (Cilar et al.,

2020). Preliminary evidence (N=196) showed that classroom-based intervention on strengths showed positive results in well-being, engagement, and class cohesion (Quinlan et al., 2015). PPI programs showed positive results in subjective well-being, emotional regulation strategies, reducing mental health symptoms, participation in occupations, and positive attitudes in teachers and parents (Bazyk et al., 2015; Cilar et al., 2020). By addressing mental health through PPI, school personnel felt that they also become more in tune with students' feelings and strengths (Cilar et al., 2020).

A positive psychology movement that focuses on incorporating student well-being as a part of the learning environment is called positive schooling, which has been shown to produce positive outcomes in student well-being and positive emotions (Kumar & Mohideen, 2019). In a study by Roth et al. (2017), middle school students (n=42) who participated in a comprehensive, multi-targeted PPI showed enjoyment of program participation and significant increases in subjective well-being and gains in life satisfaction. These positive changes were still evident up to 2 months post-intervention, indicating that all parts of subjective well-being were positively influenced by the intervention, at least in the short term (Roth et al., 2017). Tokolahi et al. (2013) found that weekly 90-minute group sessions with children ages 10-14 years old over nine weeks resulted in improved ratings of anxiety symptoms and internalizing behaviors.

Character Education, Positive Schooling, and Character Strengths in Schools

Character Education is a way to promote positive behavior and effective learning by addressing social and emotional aspects of learning within the school curriculum (Proctor et al., 2011). Strengths-based approaches focus on abilities, identifying and building upon them, versus focusing on limitations, deficits, and disabilities (AOTA, n.d.). By prioritizing engagement in high-interest, age-appropriate occupations and activities, improved occupational engagement can occur for all students (Cahill & Beisbier, 2020). Oppenheimer et al. (2014) found that school-based character strengths programming can impact well-being with lessons on perseverance and optimism integrated due to the positive correlation to adolescent well-being.

By designing and implementing character strength programming in schools, improved academic achievement and decreased negative behaviors may occur due to happier and more engaged students (Oppenheimer et al., 2014). Froh et al. (2008) found that gratitude interventions and programming had immediate and long-term effects on functioning, including greater satisfaction with school experiences, which may, in turn, show a relationship with grades, attendance, and school relationships. Preliminary findings (n=319) of a program aimed at encouraging students to build their strengths, learn new skills, and recognize others' strengths led to higher life satisfaction and slightly increased positive affect and self-esteem compared to a control group (Proctor et al., 2011). AOTA (n.d.c.) advocates for whole population approaches in mental health promotion to address depression and anxiety, conditions that can impact participation in school activities, occupations, and social opportunities. Strengths-based approaches can benefit all children and youth by identifying their preferences and abilities by using meaningful activities that they need or want to do to promote physical and mental health and well-being, including those in general education settings (AOTA, n.d.c.).

Positive schooling involves incorporating student well-being as a central focus of the learning environment, using character strengths to promote positive change, well-being, and students' positive emotions (Kumar & Mohideen, 2019). According to Lavy (2020), character strengths interventions differ from most character education social-emotional learning (SEL) programs. Character strength interventions emphasize and promote individual differences, making the interventions more personal and encouraging to participants (Lavy, 2020). In a study of 700 students, Jin and Wang (2019) found that gratitude, a character strength, was significantly positively correlated with learning engagement and raising positive behaviors, including effort and perseverance, for learning. According to Kumar and Mohideen (2019), schools are the ideal place to complete strengths-based interventions for adolescents, as they spend the majority of their time there, with positive supports in environments playing a pivotal role in happiness cultivation and positive outcomes, including student well-being. Character

strength interventions were found to improve life satisfaction, positive affect, engagement, hope, class cohesion, well-being, social skills, academic performance, and improved problem behaviors (Lavy, 2020).

The Role of Occupational Therapy in Mental Health in School-Based Practice

Occupational therapy practitioners have unique training and background to address mental health challenges in adolescents, emphasizing participation in daily occupations and their deep roots in mental health, strong background in lifespan development, and an understanding of developmental psychopathology (Bazyk, 2011; Blackwell & Bilics, 2018). Occupational therapists are well suited to address mental health needs in everyday activities and social interactions through their training and background in psychosocial and mental health conditions (AOTA, 2015). In promoting mental health for all, occupational therapists can focus on building positive qualities and personal strengths, along with the traditional emphasis on remediating problems (Bazyk, 2011). According to the American Occupational Therapy Association (2010; 2015), occupational therapists can offer training and resources for school personnel and families, participate in collaborative teams, partner on initiatives that impact the whole school in mental and physical health and wellness, promote positive behavior and interactions that influence learning, support school mental health, and offer instructional strategies to assist all learners, including developing curriculums and other programs to address the needs of all students. Occupational therapists have an opportunity to reframe mental health services for children to include mental health promotion and prevention in addition to their traditional focus on interventions through a three-tiered approach to services (Bazyk, 2011).

Occupations are at the root of occupational therapy practice. Occupational therapists routinely and inherently build interventions based on students' interests and abilities through a strengths-based approach versus deficits and disabilities (Bazyk et al., 2018). According to Arbesman and colleagues (2013), occupational therapy practitioners should consider adding a social skills component with activity-based interventions to improve social behaviors, reduce

problem behaviors, reduce stress, and improve coping skills in school-based practice.

According to Cahill and Beisbeir (2020), high-interest, age-appropriate activities and occupations are beneficial to children and youth's mental health and should be implemented for those with or at risk of mental health concerns using a group service delivery model. Garcia-Carrion et al. (2019) found that group interventions and collaboration effectively promoted well-being and prevented future mental health problems. Occupations and relationships are often the root of occupational therapy interventions, including individualized and group sessions.

There is a common belief in occupational therapy of the importance of the positive relationship between participation in meaningful occupations and health (Bazyk, 2011). Cahill and Beisbier (2020) stated that occupational engagement is essential and that interventions should prioritize engagement in age-appropriate, high-interest activities and occupations, which will benefit mental health in those with and at risk of conditions. According to Park and Peterson (2008), signature strengths, or ones that students already possess, are enjoyable and easy for students to work on, helping them gain confidence in working on other strengths. When individuals experience positive emotions through participation in an activity or occupation, further exploration is promoted, leading to eventual mastery of said activity (Bazyk, 2011). Using occupations, occupational therapists can help promote well-being while preventing harmful health and social conditions through occupation-based initiatives to individuals, families, communities, and populations at local, national, and global levels (AOTA, 2020).

Using a public health model, occupational therapists and other key stakeholders can address positive mental health for all in the school setting. Arbesman et al. (2013) suggested that occupational therapists are not only prepared for individual interventions but can take a broader approach in mental health promotion and prevention for children and youth without diagnosed mental illness, expanding into a public health model by using occupation and activity-based strategies. The framework of school mental health promotes collaboration between mental health providers, related service providers, teachers, and school administrators, a truly

interdisciplinary collaboration, to meet all students' mental health needs (Bazyk, 2011).

According to AOTA (2017a), occupational therapists in the school setting work collaboratively in partnerships with other professionals to understand student's strengths and needs while actively participating in team decisions using clinical reasoning. The scope of occupational therapy practice in schools includes providing health promotion services to individuals, groups, populations, and policymakers through interventions (AOTA, 2017a; AOTA, 2017b; AOTA, 2020), aligning with using MTSS.

Mental Health Promotion and Policy

Mental health promotion involves improving individuals' psychological well-being and promoting national mental health policies (WHO, 2018). Through its mission and interdisciplinary staff, the National Center for School Mental Health (NCSMH) promotes the importance of mental health services to children, adolescents, and families within the school setting, as well as strengthen policies and programs to improve learning and promote success for American youth (National Center for School Mental Health (NCSMH), n.d.). As mental health promotion can occur in many ways across environments, it should be a part of governmental and nongovernmental policies and programs within different sectors, including health care and education (WHO, 2018).

Occupational therapists can serve as key advocates for initiatives at a schoolwide level in promoting learning, health, wellness, and engagement while advocating for access to occupational therapy services and guidance in policy and research development (AOTA, 2017a). By serving on committees and teams, occupational therapists can help address school and community challenges while providing administrators and policymakers assistance in developing system-wide educational supports and programs (AOTA, 2017a). In a systematic review, Garcia-Carrion and colleagues (2018) demonstrated the importance of preventative interventions to promote children and adolescent mental health, addressed through multiple angles by different professionals and supportive individuals. Consistent with other research, it

was found that schools can be the ideal place to enhance positive interactions, helping adolescents to develop cognitively, socially, and emotionally (Garcia-Carrion et al., 2018). When interventions, including mental health education, are completed at a universal level (Tier 1), all students can be reached (AOTA, n.d.c.; Cahill et al., 2020; Feiss et al., 2019; Walter et al., 2018).

Significance and Innovation

Significance

This project is significant to occupational therapists who work with adolescents in the school-based setting. Adolescence, according to WHO (2006), defined as ages 10-19, is a time of rapid growth and development in all areas with lasting impacts across the lifespan, where individuals change from childhood to adulthood, with the rate of change and growth only exceeded by that of the fetal and infancy periods. Development and growth during these formative years occurs academically, physically, socially, emotionally, and psychologically, making it an optimal time to work on PYD. Froh et al. (2008) encouraged others to look positively at the growth and change in adolescents from a developmental perspective. Even with the significant growth in these formative years, this is an age group often overlooked in funding, research, and resources. Funding sources, at local, state, and national levels, including that for program development, implementation, and research, typically have been delegated to early childhood, elementary, high school, and even post-secondary education (National Academics of Science, Engineering, and Medicine, 2021). With this lack of funding, evidence-based research is not readily available for practitioners to implement for students in these formative years

Children and youth do not have equal access to mental health promotion and prevention interventions within a school setting. Cahill and Beisbeir (2020) stated that research is needed to examine how current interventions can be incorporated into daily and weekly routines to address mental health, positive behavior, and social participation. Though many agree to the importance of integrating mental health and education, there is little consensus on the optimal

way to support schools in achieving these goals, including little evidence for school-based service models' effectiveness (Atkins et al., 2010). Using MTSS, all students could access mental health promotion using Tier 1 or universal programming.

Teachers, administrators, and key stakeholders do not have adequate training and knowledge base in positive mental health. For many, the definition of mental health has a negative connotation and stigma associated with it, looking at mental health exclusively through the lens of mental illness. To fully understand that mental health is not just the absence of mental illness, but instead positive functioning in daily life, is essential for those working with adolescents and adolescents themselves. Mental health promotion empowers individuals to take control of and improve their overall health through competency enhancement, personal strengths, building positive qualities, and focusing on the positive relationship between meaningful activities and health (Bazyk, 2011). Throughout the United States, policies and resources are moving forward with educating the importance of mental health promotion. Still, they lack vital information to making this occur for all our children and youth. The Minnesota Department of Health (n.d.) has a webpage devoted to mental health promotion, including definitions, information on using a public health framework for action, and what mental health promotion can look like in the community. Some examples include programs in schools to assist in problem-solving and coping skills in youth, projects that reduce the stigma of mental health concerns and encouraging gratitude and mindfulness through initiatives (Minnesota Department of Health, n.d.). These initiatives, however, lack further guidance, such as who should be conducting them, when they should occur, where they should occur, or even what techniques should be used by professionals to address these critical topics. As mental health in our students impacts not only the student but also the school, community, and society, these initiatives need further guidance and parameters to help move them forward. As students spend most of their time at school, initiatives based in the school setting can impact all areas of a

students' life. According to the AOTA (2014; 2017b), mental health promotion, prevention, and intervention are critical areas of emerging practice in the school setting in occupational therapy.

School personnel play a critical role in developing children and youth from academic, personal, social, and emotional perspectives. The special education model in academics focuses on deficits. Using a strengths-based approach, practitioners can strengthen students' occupational performance in social participation, activities of daily living (ADLs), education, work, play/leisure, and sleep/rest (AOTA, n.d.c.). According to Park and Peterson (2008), "Perhaps, identifying character strengths is where we can start. Everyone has strengths. They need to be recognized, celebrated, strengthened, and used" (p. 91). Finding a way to increase engagement and participation may have a positive impact not only on mental health and well-being but also on academic success in school and overall functioning beyond.

Innovation

Occupational therapists have background and training in treating the whole child in interventions, focusing on typical and atypical development, and looking at the person, environments, and occupations that are meaningful to everyday functioning. According to AOTA (2017b), entry-level occupational therapists are educated in human development and behavior throughout the lifespan, historical and contemporary perspectives on the promotion of mental health, common comorbidities of mental illnesses, the therapeutic use of self and group processes, evidence-based practices, and service delivery. Occupational therapists can apply this knowledge through assessment, evaluation, use of evidence-informed approaches, establishing collaborative relations, integrating person-centered approaches, designing, executing, and applying individual and group interventions to increase performance and participation in occupations and everyday roles (AOTA, 2017b). The field's mental health roots make this a perfect initiative to be addressed through an occupational therapy perspective. As support staff in the schools, occupational therapists approach students' needs through collaboration with the interdisciplinary team, staff training, and interventions. Through this,

occupational therapy practitioners have the familiarity of multiple staff, as well as classroom and family environments. Using a public health model, including MTSS, occupational therapists can positively impact school culture, mental health promotion and prevention of all students and staff, and be a resource for evidence-based programming to ensure continued collaboration support for the school community.

School staff play an essential role in the overall development of our youth. They need to feel empowered to address student mental health and well-being through positive mental health promotion throughout their school day. By offering learning opportunities to increase understanding of mental health, mental health promotion, prevention, PYD, and ways to use PPI, occupational therapists can help empower other professionals in the education sector to recognize adolescents' mental health needs. According to Lavy (2020), character strength interventions can foster character strengths in students, teachers, and the school community. As teachers and other staff often do not feel comfortable or equipped to address mental health or fully understand the role and definition of mental health, it is essential to share background knowledge and initiatives of different ways to address this in the school environment.

Though occupational therapists have the background knowledge and mental health skills, the profession is often left out of the mental health team conversations, especially in the school-based setting. According to Blackwell and Bilics (2018), though they are supported by evidence in their expertise in mental health in children, occupational therapy services are often underutilized, and few feel equipped to address mental health concerns, reporting barriers in integrating their mental health knowledge into their school-based practice. To fully integrate mental health into schools' ongoing routines, resources need to be appropriately identified to assist teachers and staff in embedding mental health support into students' natural settings of the classrooms (Atkins et al., 2010). Occupational therapists are trained to look at all aspects of functioning from different perspectives. However, with the increased demands and the shift to the medical model over the years, many therapists do not recognize or feel supported in their

role in addressing mental health in all areas of practice, especially school-based pediatrics.

Occupational therapists need further empowerment of their knowledge and abilities to meet all students' mental health needs.

Aims

1. Increase awareness of background research on MTSS in mental health promotion and prevention in the adolescent years through an evidence-based practice presentation process to local occupational therapy practitioners through the Minnesota Occupational Therapy Association.

My first aim is to disseminate research on mental health promotion and prevention using a public health model to practicing occupational therapy practitioners and occupational therapy students. Middle school student success involves academics performance, engagement, participation in extracurricular activities, and well-being. As student mental health influences academic success, there are growing needs across the student population that could be addressed. The MTSS framework outlines a way to address mental health promotion and prevention through a public health model. This research project looks at the evidence to support using an MTSS model to address mental health and well-being within the educational setting to assist with all students' academic success. As interdisciplinary research outnumbers that in occupational therapy, all avenues of research were examined.

2. Evaluate the design and implementation of a schoolwide (grades 5-8) mental health promotion program using a strengths-based approach.

My second aim is to design, implement, and analyze a Tier 1 initiative to support mental health promotion and prevention in a middle school. This lesson series was based on an existing evidence-based program (GGSC, n.d.). In designing the program, consideration was appraised of the learning model (distance learning), students and staff's current needs, input from staff and administration, and mental health promotion using MTSS in occupational therapy practice within

a school-based setting. This program aimed to help students and staff feel more socially competent, connect, show more school satisfaction, class cohesion, and relationships with others, have better mental health and well-being, and motivation about school and their future (Greater Good Science Center, n.d.). Preliminary evidence of the lesson series initial program showed decreased depression, anxiety, antisocial behavior, and increased hope and emotional regulation (GGSC, n.d.). This programming took place over six lessons, completed in advisory time weekly, including videos, project suggestions, discussion, and follow-up activities to be completed by students and staff. The information attained through feedback, including verbal and surveys, will be used to modify and adjust the program to be used during the 2021/2022 school year within the middle school, with the possibility of implementing it beyond in the future. The potential and benefits of occupational therapy services using an MTSS framework may be supported by disseminating this information further.

3. Present information to occupational therapy practitioners and students to advocate for the role of occupational therapy in mental health promotion in school-based practice through a poster or presentation to Minnesota School-Based OT/PT Institute.

My third aim is to share information on the importance of practitioners' advocacy for implementing mental health promotion with children and youth within school-based practice. By presenting supporting evidence and AOTA resources on mental health promotion within occupational therapists' scope of practice, school-based therapists will gain knowledge and resources to support their daily practice with children and youth. Drawing on interdisciplinary research in PYD, occupational therapists can support all students' success through Tier 1, Tier 2, and Tier 3 interventions (Bazyk, 2011). Collaborative and robust school teams, including occupational therapists, can address mental health promotion and prevention in adolescence and youth, ultimately supporting their academic success. There is limited but growing research describing and reinforcing occupational therapists' mental health role. Children and youth's needs

can be addressed through a holistic approach by empowering practitioners to examine their role in addressing mental health through a public health model. This poster aims to help therapists feel empowered to advocate for their role to key stakeholders and decision-makers with their background knowledge, supporting evidence, and implementation strategies in the critical area of need for adolescents. By emphasizing evidence and research in mental health promotion from an interdisciplinary approach, occupational therapists can have the key terms, definitions, and resources to advocate for implementing mental health promotion to students using a public health framework.

Chapter 2. Mental Health and Adolescents: A Knowledge Translation Project for Occupational Therapy Practitioners

Project aim

The aim of this knowledge translation project was to increase occupational therapy practitioners' and students' awareness of multi-tiered systems of support (MTSS) in adolescent mental health prevention and promotion. By presenting background research obtained through an extensive literature review process of evidence-based practice completed in Advanced Evidence-Based Practice, MTSS was explained. The evidence-based practice process was outlined, available resources were presented, research themes were discussed, and practice implications were addressed. This presentation was completed over zoom in collaboration with St. Catherine University and the Minnesota Occupational Therapy Association (MOTA).

Description

Student success involves academic performance, engagement, participation in extracurricular activities, and well-being. As student mental health holds a strong relationship with academic success, there are growing needs across the student population that can be addressed. The Multi-Tiered Systems of Support (MTSS) framework outlines a way to address mental health promotion and prevention through a public health model (Bazyk, 2011). This presentation, titled *Adolescent Mental Health Promotion and Prevention through Multi-Tiered Systems of Support*, examines the evidence supporting an MTSS model to address mental health and well-being within the academic setting to assist with all students' academic success, emphasizing grades 5-12. Relevant research using MTSS models includes many disciplines, therefore an examination of research created not only by occupational therapy but by all professions, was evaluated. This evidence-based practice project culminated in a presentation to the MOTA conducted on February 23, 2021, via Zoom, with time after the presentation for questions and answers. The slide show and narration are presented in Appendix A.1.

Approach

This knowledge translation project's approach was a professional presentation over Zoom to occupational therapy practitioners and students through a joint collaboration between the MOTA and St. Catherine University as part of their monthly continuing education series. The presentation was a culmination of the Advanced Evidence-Based Practice course in Fall of 2020 under the direction of Dr. Julie Bass. The presentation included: 1) learning objectives, 2) identification of a practice dilemma, 3) definitions, 4) EBP question development through PICO, 5) American Occupational Therapy Association resources, 6) research review process, 7) analysis of resources (quantity and quality), 6) critical appraisal of articles (6), 7) summary of other evidence, 8) identification of current research themes, 9) supporting evidence for identified themes (4), 10) implications for practice and research, 11) take-home messages, 11) references, and the opportunity for questions and discussions. The presentation was thirty minutes in length, with ten minutes for questions and discussion at the conclusion.

Description of audience and venue

This presentation's audience was occupational therapy practitioners and occupational therapy students who registered to participate in the online continuing education opportunity offered to both MOTA members and non-members. There were approximately 42 people in attendance. This event was held over Zoom, with MOTA and St. Catherine University advertising it over email, social media, and websites. Participants were asked to keep their cameras and microphones off during the presentations and place any questions into the chat box to answer during the question and discussion portion. This presentation was the first of the three knowledge translation projects presented during the evening.

Learning objectives

As a result of attending this continuing education presentation, participants will:

- Explain the importance of the relationship between mental health and academic success to further advocate for the mental health needs of all youth (Grades 5-12)
- Describe mental health promotion and prevention programs in schools that use multi-tiered systems of support based on a public health model
- Illustrate further needs in practice and research for multi-disciplinary teams, including occupational therapy, to address mental health prevention and promotion within school-based practice

Evidence of approach used

I submitted a proposal to MOTA in December of 2020. After review from MOTA, the presentation series was accepted as a continuing education opportunity. In partnership with St. Catherine's University, the committee determined it was best to offer this in February due to increased continuing education opportunities already being offered in January. The presentation was researched and created using the guidelines of the course, OCTH 8070 Advanced Evidence-Based Practice, under the direction of Dr. Julie Bass, as part of the St. Catherine University Post-Professional Occupational Therapy Doctorate program. The proposal is presented in Appendix A.2.

Evaluation method

This knowledge translation project was evaluated by a survey using Google Forms, linked in the Zoom chat, after the presentation. This survey consisted of five Likert scale questions and a place to add additional comments and suggestions. The first two questions related to whether the learning objectives were met. The next two questions asked the participants to rate the presenter's overall skill. The survey questions are shown in Appendix A.3.

Chapter 3. Mental Health and Adolescents: A Knowledge Translation Project in Mental Health Promotion for Students and Staff

Project aim

This knowledge translation project aimed to evaluate the design and implementation results of a school-wide (grades 5-8) mental health promotion program using a strengths-based approach. This lesson series was based on an evidence-based program (GGSC, n.d.) and considered the learning model (distance learning), students and staff's needs, input from staff and administration, and mental health promotion using multi-tiered systems of support in occupational therapy practice within a school-based setting. Analysis of this pilot program, titled *A Strengths-Based Lesson Series Supporting Mental Health Promotion through a Tier 1 School-Based Model*, will be used to further design and implement programming for the middle school students and staff in the fall of 2021.

Description

This program aimed to help students (grades 5-8) and staff feel more socially competent, connect, show more school satisfaction, class cohesion, relationships with others, have better mental health and well-being, and increase motivation about school and their futures (Greater Good Science Center, n.d.). The program consisted of six weekly lessons, completed in advisory time, and included videos, project suggestions, discussion, and follow-up activities to be completed by students and staff. Evaluation information attained through feedback will be used to modify and adjust the program to be used during the 2021/2022 school year within the middle school, with the possibility of implementing it beyond in the future. The potential and benefits of occupational therapy services using a Multi-Tiered Systems of Support (MTSS) framework may be supported by disseminating this information further.

Occupational therapists play a role in developing curriculums and programs to address school health and safety, supporting all students' needs, including those without diagnosed

disabilities (AOTA, 2016). This can be done as a part of multi-tiered interventions for all students, such as helping children with their emotional needs (AOTA, 2015). By promoting safe and healthy learning environments, the physical and mental health of students can be addressed, including successful participation in occupations that will set the child up for later success (Mahaffey, 2016).

Approach

This knowledge translation project's approach was a six-part lesson series presented to middle school students and staff during Friday advisory time in January and February of 2021 at a K-12 Charter school in suburban Minnesota. This lesson series was based on a program from the Greater Good Science Center (GGSC) at UC-Berkeley as a part of their Youth Gratitude Project (YGP) and modified to fit the identified needs of students and staff at the time of implementation. This program was chosen due to cost (free), availability (on-line), familiarity with the program by the practicing therapist, and positive responses from students in the past. The initial program from the GGSC was enhanced and modified from an occupational therapy perspective through communication, background knowledge of occupational therapy, and research on mental health promotion, to address the current needs identified by the special education team and principal of the middle school. The 2020/2021 school year was one of constant change and adversity for all due to the COVID-19 pandemic. Connections were different, with in-person instruction limited since the beginning of the school year due to the hybrid learning model (every other day), and switching to full-distance learning in November of 2020. Mental health and well-being concerns were expressed numerous times by key stakeholders, including parents, teachers, administration, and students. The timing of implementing the lesson series correlated with the conclusion of winter break, when the learning model was still in distance learning. Each session was approximately 45 minutes in length, including videos, time for discussion, and recommended continued activities to enhance learning. The GGSC curriculum, the VIA Institute on Character Website, and the book *The*

Power of Character Strengths: Appreciate and Ignite Your Positive Personality were all resources used in creating the script for the weekly lesson series. See Appendix B for the weekly documents sent to teachers to complete the lesson series and the video lessons' key points.

This lesson series allowed for openings of conversations on occupational therapy's role within the school setting and helped bring occupational therapy to the table as a mental health team member to meet the student needs during this different school year. As occupational therapists are not always looked at in the mental health capacity within the school setting, this program allowed others to see the role of occupational therapy in mental health promotion and prevention.

The lesson series revolved around character strengths and how they can impact positive mental health and well-being. The VIA Character Strengths survey is a free, scientific-research-based survey consisting of 96 online questions that, when calculated by the website, ranks the 24-character strengths in degrees to show an individual their unique character strength profile (VIA Institute on Character, 2021). According to VIA Institute on Character (2021), understanding and applying one's strengths can help build relationships, confidence, achieve goals, manage stress and problems, and improve happiness, all important for youth, especially during this different school year. GGSC (n.d.) stated that participants showed decreased depression, anxiety, antisocial behavior, and increased hope and emotional regulation. As the 2020/2021 school year was different in many ways, it was necessary to personalize the program to meet the current needs. Therefore, the lessons were designed weekly, based on the GGSC curriculum, research on character strengths, the expressed wants and needs of staff, and the professional judgment and background knowledge in occupational therapy.

Description of audience and venue

This knowledge translation project was designed for students, grades 5-8, and staff in a suburban middle school, including teachers and support staff, such as paraprofessionals. Due

to COVID-19, distance learning was the learning model, with most students completing the lesson series while at home over zoom.

Staff were sent a weekly e-mail with an attached Google Document with the weekly activities in an outline, including video links (Appendix B). They were then instructed to follow the outline and share the lessons with their students over Zoom, including discussion topics and activities. Staff were also sent a weekly follow-up survey to complete in regards to the lessons (Appendix B).

Learning objectives

As a result of participating in the six-part lesson series, students and staff achieved the following:

- Defined and described character strengths
- Connected how character strengths influence daily occupations
- Identified and understood their own top five character strengths
- Discovered and connected character strengths in others
- Understood, practiced, and shared gratitude
- Correlated how positivity and negativity can impact environments, occupations, themselves, and others
- Collaborated further to understand the importance of character strengths in everyday life

Evidence of approach used

An informal meeting was scheduled with the middle school principal in November of 2020 to discuss ideas to assist with the middle school's mental health and well-being. After exploring and receiving some feedback, it was encouraged to build a program based on the four-week curriculum that would fit into six advisory lessons, roughly 45 minutes each. The program and ideas were discussed and shared with staff at division meetings to explain the strengths series. The information was laid out for the team not to have to lesson plan or worry

about the details (Appendix B) and ensure delivery consistency. This approach also allowed for teachers to participate and engage in the activities presented. According to Lavy (2020), although character strength development happens at an individual level, the social environment influences continued development. Routines, structures, decision-making, and creating a culture of trust, respect, and autonomy can all be influenced by a curriculum that includes staff and students (Lavy, 2020).

School is an ideal location for initiatives that address adolescent happiness and well-being as students spend most of their time there during their formative years (Kumar & Mohideen, 2019; Oppenheimer et al., 2014; Proctor et al., 2011). All youth can benefit from strengths-based approaches through identifying, fostering, focusing, and building upon their own strengths and abilities (AOTA, n.d.c.; Kumar & Mohideen, 2019). Group service delivery models, including those at a universal level, should be used in interventions with children and youth to address mental health, positive behavior, and social participation, and for those with or at risk of mental health concerns through activity and occupation-based interventions, which are meaningful for participants (AOTA, n.d.c.; Cahill & Beisbier, 2020).

The strengths lesson series addressed personal character strengths, strengths in others, and gratitude. Proctor and colleagues (2011) found that adolescents (ages 12-14) who participated in school curriculum involving character strength-based exercises compared to those in a control group showed a significant increase in life satisfaction and well-being. According to Bono and Fauteux (n.d.), schools can put gratitude at their core as an integrated practice instead of an intervention. Park and Peterson (2008) noted a link between gratitude, perseverance, and hope that influenced achievement more than intelligence. By involving teachers, practices can affect students' relationships, overall well-being, as well as help staff improve their relationships in and out of their work environment (Bono & Fauteux, n.d.). Similarly, Bono et al. (2020) found that students who participated in a six-week gratitude intervention program demonstrated improved outcomes in personal/social wellbeing, trait

gratitude, and mental health compared to a control group, with continued benefits noted up to six weeks later. Froh et al. (2008) also found that practicing gratitude has immediate and long-term effects on psychological functioning, including greater satisfaction with school, which may lead to greater school success, including grades, attendance, and relationships. According to Lavy (2020), the use of character strengths in youth was linked to positive attitudes, socioemotional functioning, desirable behaviors, and academic achievement. Through character strengths education within the academic setting, using positive youth development theories, students' mental health and well-being can be positively influenced from many angles.

Evaluation method

Evaluation of the programming was completed throughout the six-week strengths series. Initial data was collected from staff before the first lesson and from students after the first lesson. Staff were sent Google Forms weekly to gain feedback to develop the program further to meet their current classroom needs. The questions varied weekly (see Appendix B) and included staff feedback in planning the lesson for the next week. Data from these forms will be analyzed and disseminated to continue the initiative into the next school year, per the principal's request

The methodology allowed for ongoing program evaluation, with pre and post-series feedback from students and staff and weekly requests for staff input. Due to the nature of the time of implementation, the lesson series was designed every week to fit the school community's needs. The information obtained will be analyzed to help to grow this program for the future. Due to the nature of the school year, two-month follow-ups may occur (at one month, teachers were in the process of another learning model shift).

Chapter 4. Mental Health and Adolescents: A Knowledge Translation Project for Occupational Therapy Practitioners on Advocating for Their Role in Mental Health Promotion in School-Based Practice

Project Aim for Knowledge Translation

The aim of this knowledge translation project is to present information to occupational therapy practitioners and students to increase awareness of occupational therapy's contributing role in promoting mental health in children and youth. Through a poster presentation titled *Advocating for the Role of Occupational Therapy in Mental Health Promotion in School-Based Practice* at the annual Minnesota School-Based OT/PT Institute, information will be shared to help therapists advocate for mental health promotion in school-based practice. By presenting support in the evidence and AOTA resources on mental health promotion within the scope of practice in occupational therapy, school-based therapists will have increased knowledge to support their daily practice with children and youth.

Description

This knowledge translation project is a poster presentation proposal for the Minnesota School-Based OT/PT Institute their annual conference. This poster presentation will explore current research, background information, definitions of key terms, advocacy resources, and areas of need in advocacy to help practitioners feel empowered to advocate for their expertise in mental health in the schools. Collaborative and robust school teams, including occupational therapists, can address mental health promotion in adolescence and youth in the academic setting. There is limited but growing research describing and reinforcing occupational therapists' mental health role within the school setting, where initiatives can reach the most students. The needs of all students can be addressed through a holistic approach by empowering practitioners to examine their role in addressing mental health through a public health model using multi-tiered systems of support (MTSS).

By advocating for the role of occupational therapy within the school setting, there is potential to impact students in school and across the lifespan. Mental health and well-being impact academic outcomes, extracurricular involvement, and engagement (Garcia-Carron et al., 2019; Suldo et al., 2014; youth.gov, n.d.). By recognizing that mental health is not merely the absence of mental illness but entails the presence of something positive, including positive emotions, positive psychological functioning, and positive social functioning (Bazyk, 2011), occupational therapists can help reduce the stigma associated with mental health, meet the needs of more students, and promote positive school environments. By positively framing mental health, mental health and well-being can be a part of curriculums and initiatives aimed at all students.

Approach

This poster presentation will emphasize evidence and research in mental health promotion, outlining the potential role of occupational therapists using multi-tiered systems of support in a school setting to assist in meeting all students' needs. The poster will include 1) background information, 2) identification of the practice dilemma, 3) definitions, 4) AOTA resources for advocacy and practice, 5) Evidence-Based Practice findings, 6) areas for advocating for the role of OT, and 7) resources. This poster will be based on research on mental health promotion to empower other school-based occupational therapy practitioners to address mental health with our children and youth within the school-based setting through advocacy and interventions.

Description of audience and venue

This knowledge translation project's audience will be attendees of the Minnesota School-Based OT/PT Institute in 2022. This conference is primarily for occupational therapy, physical therapy, and speech therapy practitioners and students, as well as educators and administrators. At the time of the initial paper submittal, the conference speaker line-up for 2021

was already complete. The organizers encouraged resubmittal in November or December of 2021, when most of the call for papers will be received for the 2022 conference.

Learning objectives

As a result of attending the poster presentation, participants will:

- Understand their role of occupational therapy in school-based practice in mental health promotion using multi-tiered systems of support
- Utilize research and resources to advocate for their role in mental health promotion within school-based practice
- Identify at least two tools that they can use to advocate for their role as an occupational therapist to assist them in their practice with children and youth
- Articulate the importance of occupational therapy in addressing mental health promotion within the school setting

Evidence of approach used

A proposal was submitted to the Minnesota School-Based OT/PT Institute in February of 2021. At the time of submittal, the speaker line-up was already very close to being established for the 2021 institute. The committee encouraged resubmittal of another proposal in November or December of 2021 for the 2022 conference to be held in October of 2022. The proposal is attached in Appendix C.2 for the 2022 presentation. Resources from AOTA, research articles, and other references were used in creating the poster presentation. The poster was designed and completed under the direction of Dr. Paula Rabaey and Dr. Darla Coss during the Doctoral Project class in April and May 2021.

Evaluation method

This knowledge translation project will be evaluated in two ways. First, this poster proposal will be reviewed by the Minnesota School-Based OT/PT Institute review board. This process will look at determining if this poster presentation fits the parameters for their

conference. This proposal will either be accepted or declined with information to improve upon for future submittals. If this poster is accepted, further evaluation will be completed using both subjective and objective data collection. While presenting, participants will be asked (if applicable) to answer a few questions about the information offered. This will consist of questions representing current practice in mental health promotion, Likert scale questions about the information presented, anticipated usage of the information presented, and additional comments and suggestions.

Chapter 5: Evaluation Outcomes and Analysis

Knowledge Translation Project #1: Adolescent Mental Health Promotion and Prevention through Multi-Tiered Systems of Support

Knowledge Users

The knowledge users for this project were occupational therapy practitioners and students through the Minnesota Occupational Therapy Association.

Main Messages

The three main messages from this project were:

1. Mental health does not merely mean the absence of mental illness but the presence of something positive in the day to day lives of individuals
2. Research is sparse within occupational therapy on appropriate mental health promotion and prevention programs to utilize within the academic setting, especially for adolescents in the middle school years.
3. Though school is an ideal place to address mental health promotion, there are many barriers which prevent consistent service delivery, including evidence-based practice, policies, and overall support for a public health model

Knowledge Translation Goals

The goals of this knowledge translation project were for practitioners and students to be able to:

- Explain the importance of the relationship between mental health and academic success to further advocate for the mental health needs of all youth (Grades 5-12)
- Describe mental health promotion and prevention programs in schools that use multi-tiered systems of support based on a public health model

- Illustrate further needs in practice and research for multi-disciplinary teams, including occupational therapy, to address mental health prevention and promotion within school-based practice

Knowledge Translation Strategies

This knowledge translation project's strategy was an evidence-based presentation to occupational therapy practitioners through the Minnesota Occupational Therapy Association. It was a culmination of a research project completed in OCTH 8050 in the fall of 2020. An appropriate PICO question was developed through a literature review process and researched to find evidence in an identified practice dilemma. Due to the nature of this practice dilemma, research in both occupational therapy and interdisciplinary fields was used in finding evidence on the usage of multi-tiered systems of support (MTSS) within academic settings to support mental health promotion and prevention.

The evidence-based practice process was outlined for attendees through the PowerPoint slide presentation. Analysis of the resources, including quality research studies, appraisal of evidence, identification of themes in the research, supporting evidence on the themes, the implications for practice and research, and take-home messages, were outlined. There was time allowed at the end of the presentation for questions and answers from participants.

Due to the COVID-19 pandemic, the platform used for this presentation was Zoom. This presentation was offered through a collaboration between St. Catherine University and the Minnesota Occupational Therapy Association.

Knowledge Translation Evaluation

This knowledge translation project was evaluated through a Google form post-survey of five Likert scale questions and a subjective question, located in Appendix A.3. Overall, 22 participants completed the post-survey. Of the survey respondents, 95.5% (21/22) felt that the objectives were met well (4) to very well (5). When asked about the presentation's organization,

81.8% (18/22) of the respondents felt the content was organized very well. In communication, 59.1% (13/22) of respondents felt the presenter did very well in communicating the materials. The survey results are outlined in Appendix D.1, Tables 1 and 2.

Knowledge Translation Project #2: A Strengths-Based Lesson Series Supporting Mental Health Promotion through a Tier 1 School-Based Model

Knowledge Users

This second knowledge translation project users were students and staff within a middle school, grades 5-8, in suburban Minnesota. This six-part lesson series was presented weekly to all middle school students during distance learning over Zoom in January and February 2021. There were 368 students, including general and special education students, and 21 staff members, including general and special education teachers, who participated in the strength's series.

Main Messages

The three main messages for knowledge users for this project were:

1. Individuals discover and understand character strengths personally, including identifying and cultivating character strengths in themselves and others, leading to positive mental health and well-being changes on a personal and community (school) level.
2. Students and staff can understand and apply strengths to help build relationships, confidence, achieve goals, manage stress and problems, and improve overall happiness, all of which can influence active participation in daily activities, including school engagement, peer relationships, and class dynamics.
3. During the COVID-19 pandemic, addressing positive emotions and our strengths can help build resilience in times of adversity and constant change.

Knowledge Translation Goals

The goals for this knowledge translation project for students and staff were:

- Recognizing and using character strengths within the school community
- Promoting positive mental health at a Tier 1 level within a middle school setting
- Integrating positive mental health into all environments within the school day

As a result of participating in the six-part lesson series, students and staff achieved the following:

- Defined and described character strengths
- Connected how character strengths influence daily occupations
- Identified and understood their own top five character strengths
- Discovered and connected character strengths in others
- Understood, practiced, and shared gratitude
- Correlated how positivity and negativity can impact environments, occupations, themselves, and others
- Collaborated further to understand the importance of character strengths in everyday life

Knowledge Translation Strategies

This knowledge translation strategy was creating and presenting a 6-week lesson series based on mental health promotion to students in grades 5-8 and their classroom and special education staff. This lesson series took place over six weeks and was delivered via Zoom. The series consisted of video lessons and activities outlined for the classroom teacher to complete with their class. The activities included videos from the occupational therapist on mental health promotion, YouTube videos to support the lesson material, discussion ideas for whole group instruction led by the classroom teacher, and independent activities completed by students and staff. Some of the activities presented included the VIA Character Strengths Indicator (VIA Institute on Character, 2021), creating something with your strengths, a gratitude journal, activities outlined by the Greater Good Science Center in practicing gratitude, and writing a gratitude letter. These lesson plans are outlined in Appendixes B.1 to B.6.

The lessons were designed using the curriculum from GGSC (n.d.) titled *Thanks! A Strengths-Based Gratitude Curriculum for Tweens and Teens* as a foundation. This evidence-based curriculum, designed and available online through the GGSC, uses positive psychology interventions to assist adolescents in recognizing their strengths, strengths of others and practice those strengths in their daily life, using a Tier 1 universal approach in MTSS. In the adaptation used for this knowledge translation project, the curriculum was modified to meet the needs identified by teachers, administration, and staff during this time in the school year. Communication was ongoing to ensure that evidence-based programming was used and explained, along with continued input from staff to ensure the programming continued to fit the community's needs. Teachers (n=21) were sent weekly emails with the outline of activities to be delivered, and a short Google Form survey with questions about the classes' responses to be completed after the lesson was presented. Students (n=368) were asked to complete a Google Forms post-survey after the first and sixth lessons to gain feedback to be shared with the middle school team. This feedback included their top character strengths, what the character strengths meant to them, how they liked the lessons, what they participated in after the lessons, and more. Staff were invited to participate in the lessons as well but not observe the videos prior. As the 2020/2021 school year has been different in many ways, completing the weekly Google Form was strictly voluntary for students and staff. The weekly questions asked of both students and staff are outlined in Appendix B.1 to B.6.

Knowledge Translation Evaluation

The achievement of the knowledge translation goals was noted through post-lesson Google Form surveys, verbal feedback, and informal conversations and observations. The questions asked on the weekly surveys are outlined in Appendixes B.1 to B.6. The number of questions asked weekly varied, consisting of eight questions for week one pre-lesson (staff), eight questions for week one post-lesson (student and staff), six questions post-lesson week two (staff only), five questions post-lesson for weeks three through five (staff), eighteen question

post-lesson series (staff), and thirteen questions post-lesson series (students). After week three of the lesson series and after the lesson series was complete, two informal meetings of approximately 20 minutes in length were scheduled with the middle school administrator. At both meetings, she stated that she had heard positive feedback from both staff and students. At the post-lesson series meeting, she said she would like to begin exploring ways to continue incorporating the information into the curriculum in the 2021/2022 school year curriculum. She believed it was a very positive experience for all and something meaningful for the school to continue to build upon.

The information received through evaluation will continue to be disseminated for faculty and staff to assist with future program planning for the school. Preliminary dissemination is presented in Appendix D.2, Tables 3 – 10. The subjective data will be disseminated at a future time to key stakeholders and staff. Key stakeholders (teachers and administration) are currently dealing with other pressing issues (students not logging into classes, work completion, continued health issues with COVID-19, etc.), which leads to this being a difficult time to address the results thoroughly.

As the needs of students and staff change in the future, more lessons in certain areas may be needed or requested within this school year or in the coming years. For example, some staff asked for more information to complete a follow-up seminar with their students. The staff then elected to use this information at each grade level in their seminars, as a follow-up to the lesson series, during the spring. The middle school team may have insights on moving the initiative forward, using more of the approaches in their daily programming. Further dissemination of both the program and the survey information to school staff may help develop this program further to use in more settings, including the high school, other schools, larger districts, and even local and state levels.

Overall, feedback through the weekly surveys was positive. When interpreting results, many factors needed to be considered, especially with results tabulated from the students. The

learning model (distance learning), the age of the respondents (grades 5-8), and the different approaches experienced within this school setting should all be considered when looking at the program's success. Therefore, limited student results have been tabulated at this point, with more reliance on subjective feedback planned for future program planning involving administration and staff. Staff offered limited feedback, with only the post-lesson series feedback completed by >50% of the staff who participated. As this school year has been noted to place higher demands on teachers, this is understandable. These are all limiting factors in the formal tabulation of all of the data collected.

When asked how their classes responded, on a Likert scale from 1 (negative) to 5 (positive), the most common response from teachers for all weeks (aside from week 3) was 4/5 (see Table 4). When asked how they liked the lesson for week 1, on a Likert scale of 1 (Boring) to 10 (Very Interesting), 100% of the staff (n=10) and 57% of students (n=280) rated the week 1 lesson between 7-10/10 (see Table 5). In evaluating the overall lesson series, on a Likert Scale of 1 (Boring) to 10 (Very Interesting), 100% of staff (n=12) and 31.7% of students (n=151) rated the series eight and above (see Table 6). When asked if they thought the lesson series was beneficial for their students (Table 8), 91.7% of staff (n=12) said yes, with one respondent stating "other" (they felt that the time of presentation may have influenced student engagement and should be looked at for future programming). When asked if the lesson series was beneficial for them, 100% (n=12) of staff who responded chose Yes (Table 8). A sample of post-lesson series subjective feedback from staff on the question "*When you think of the words 'Character Strengths,' what do you think of?*" is listed in Table 9.

Knowledge Translation Project #3: A Knowledge Translation Project for Occupational Therapy Practitioners on Advocating for and Implementing Mental Health Promotion in School-Based Practice

Knowledge Users

The audience of this knowledge translation project is occupational therapy, physical therapy, and speech therapy practitioners, education professionals, and students attending the Minnesota School-Based OT/PT Institute in 2022.

Main Messages

The three main messages for knowledge users for this project are:

1. Therapists and school staff, including occupational therapists, have an essential role in mental health promotion within school-based practice that is often underutilized.
2. Using Multi-Tiered Systems of Support (MTSS), an evidence-based approach to interventions, all students within the academic setting can be reached, including Tier 3 (Individualized support), Tier 2 (small group for those at risk), and Tier 1 (Universal programming), using curriculum-based models, in mental health promotion
3. Resources are available to support therapists in mental health promotion within the school setting through interdisciplinary and AOTA resources to guide and support practice. However, practitioners may not have access to or know about available resources.

Knowledge Translation Goals

The goals of this knowledge translation project for the conference attendees are:

- Understand their role in school-based practice in mental health promotion using multi-tiered systems of support
- Utilize research and resources to advocate for their role in mental health promotion within school-based practice

- Identify at least two tools that they can use to advocate for their role as an occupational therapist to assist them in their practice with children and youth
- Support the importance of occupational therapy's role in mental health promotion in children and youth within the school-based setting

Knowledge Translation Strategies

To support the knowledge translation goals, a poster presentation was designed for a peer-reviewed conference. The initial submittal of a proposal was completed in February 2021 (Appendix C.1). Through this submittal process to the Minnesota School-Based OT/PT Institute, the initial proposal was denied due to space restraints as their speaker line-up for the 2021 Institute was already complete. It was encouraged that another proposal should be submitted for the 2022 conference, which is attached in Appendix C.2. This proposal will be submitted in November or December of 2021.

The poster session was designed to help educate current practitioners and students about advocating for therapists, namely occupational therapists, within the school setting in mental health promotion. By explaining definitions, background information, identifying a practice dilemma, outlining evidence-based support of using MTSS, and AOTA resources, therapists in attendance will have support in advocating for the importance of mental health promotion within the school setting. Through this knowledge translation poster, therapists may feel empowered to seek out more resources and find ways to advocate for their role. Physical therapists and speech therapists in attendance will be encouraged to look at their national organizations for their role in this area of need and support mental health promotion as a part of the interdisciplinary team.

Knowledge Translation Evaluation

As the original poster presentation was declined due to space constraints, the opportunity was presented to re-evaluate the poster presentation for the best fit in content for the institute. The Minnesota School-Based OT/PT Institute review board will review this poster

proposal to determine if this poster fits the parameters for their conference. This poster will either be accepted or declined with information to improve upon for submittals in the future. If the poster is accepted, participants will be asked for both subjective and objective questions, including current practice in mental health promotion, Likert scale questions about the information presented, anticipated usage of the information, and additional comments and suggestions. This survey will provide feedback on whether the poster generated awareness and interest in mental health promotion, if the information presented will facilitate practice or behavior change, and if the participants see the need for further research and policy. Sample questions are located in Appendix C.5.

Evaluation Analysis

These three knowledge translation projects were analyzed for comprehensiveness, alignment with the project's main messages, and feasibility.

Comprehensiveness

All knowledge translation projects. The strengths of these knowledge translation projects are the breadth of the potential reach and the critical need for mental health promotion in adolescents, especially in this unique time in history (pandemic, political unrest, physical distancing and quarantines, social injustice being at the forefront of news headlines, and more). These knowledge translation projects reach beyond occupational therapy and emphasize interdisciplinary work to support the whole person. Adolescence is a period of growth and development that is often overlooked in its overall importance in the foundational skills established. All three of these projects address this critical period of development. Collaboration is essential in all areas of occupational therapy, especially in school-based service, and these projects emphasize that in research and resources.

The primary area of weakness in these knowledge translation projects as a group is the lack of evidence-based interventions to address mental health promotion using MTSS, especially in occupational therapy. Though there is support in the literature for using MTSS,

established programs and interventions that address whole-population approaches, especially in the adolescent years, were not found. Not only does this impact intervention in programming, but also the understanding of key stakeholders in the scope of occupational therapy practice.

Knowledge translation project #1. The first knowledge translation project was designed to reach occupational therapy practitioners and students through the Minnesota Occupational Therapy Association. This project was profession-based to educate and raise awareness of current research and findings in mental health promotion and prevention in adolescents using multi-tiered systems of support. This professional development opportunity was presented over zoom, making it accessible to more people, including those outside of the Twin Cities Metro area. This project was based on independent, evidence-based, interdisciplinary research, concluding by synthesizing the information using a theme-based approach. Therefore, there were limited project partners. Project partners could be considered in Dr. Julie Bass, professor of the Advanced Evidence-Based Practice course that this project was a culmination of, MOTA in presenting, and the other two presenters of the evening. Objectives and strategies were outlined within the proposal to MOTA and during the presentation. The evaluation used was comprehensive but limited in the number of questions asked.

There were a few weaknesses noted in this program. Due to the lack of concrete research in mental health promotion in occupational therapy, interdisciplinary approaches needed to be looked at more than occupational therapy resources. As this is an emerging area of practice, there may be research forthcoming. This project was a part of a three-part presentation, with three different areas of practice outlined, which may have led to some attendees not having background knowledge or interest in this area of practice. The evaluation method also had a weakness in MOTA having the information of participants answers to evaluation questions for continuing education requirements, which was not available to the presenters. It was unclear what the users fully gained what they anticipated from the project.

Some may have used this solely as a continuing education opportunity for credits versus obtaining knowledge in this area of practice.

Knowledge translation project #2. The second knowledge translation project was designed to reach students, grades 5-8, and staff in a middle school setting to offer mental health promotion curriculum, using a Tier 1 approach to intervention. This project was educational and interactive, including a leadership role established by the occupational therapist in mental health promotion. This project focused on the education of character strengths usage through opportunities to understand and practice behavior changes. This knowledge translation project looked at starting an initiative to change behaviors, attitudes, systems, and policies by introducing the importance of mental health promotion at a community (school) wide level. Project partners included middle school administrators and middle school teachers to design the program and middle school students and staff in the implementation and outcomes. Still, the principal designer, implementer, and evaluator were the occupational therapist. Due to the nature of the school year, this program was put together weekly to address the identified needs. Staff within the middle school, including teachers and administrators, were excited about this initiative when they talked with the occupational therapist.

In reflection, however, this may not be a comprehensive view of their feelings on the program and implementation. Due to the nature of the timeframe, staff may have been excited to have something to fill the space of time versus the content and actual programming. As this was put together and implemented quickly, some things may have been missed, especially in evaluation, creating a weakness in the evaluation method. The method of evaluation (using Google Forms surveys) also presented limitations, including only labeling the first and last numbers on Likert scales and difficulty with tracking if all participants completed the survey. As there were no incentives offered for survey completion, many did not complete these over the lesson series. The design was also completed independently by the occupational therapist, with

minimal input from other stakeholders on the weekly lessons. This may have led to the program being biased in opinion and beliefs by the occupational therapist, a potential weakness.

Knowledge translation project #3. The third knowledge translation project was designed to present advocacy information to practicing therapists and students in mental health promotion through a poster presentation. This information is based on evidence-based research and resources available to practicing occupational therapists and students to help them understand the potential for practice change in mental health promotion within the school-based setting. This will be presented, if accepted, at a conference, either in-person or online, which would make it more accessible to those outside of the Twin Cities Metro area. A weakness of this presentation is that it is far into the future, as their conference line-up was already solidified by their submittal date in February of 2021. This limits the ability to look at the evaluation, if strategies were clearly used, and strengths and weaknesses. Original plans for Minnesota Occupational Therapy Association or American Occupational Therapy Association poster presentation were unable to be completed as criteria and information have not been available yet. However, this poster presentation may be more appropriate for this type of audience and conference format. Project partners are limited to the professors of the Doctoral Project course as this will be an independent poster presentation.

Alignment

All knowledge translation projects. These three knowledge translation projects aligned with the need for further understanding, research, and programming promoting mental health promotion for middle school students using MTSS. However, all three projects had differing aims in approach, audience, means, and evidence-based research. Looking at the projects together as a whole, they align in recognizing differing ways to address this critical need. Project number one emphasized sharing the interdisciplinary research in MTSS. Project two aimed to use evidence-based programming to support mental health promotion using Tier 1 (universal) programming for adolescents and their teachers. Project three aims to reach

occupational therapy practitioners in the importance of advocating for their role in mental health and well-being through resources and research. Altogether, these projects can assist in helping therapists understand, advocate for, and practice mental health promotion within school-based practice.

Knowledge translation project #1. The first knowledge translation project was designed to inform occupational therapy practitioners and occupational therapy students of the role of occupational therapy in mental health promotion and prevention using MTSS. This project outlined current research, or lack thereof, supporting this critical need in adolescents through interdisciplinary evidence. Through this research project and subsequent presentation, the need for further study, support, and evidence was apparent. Learning objectives were identified in both the original registration forms and in the presentation. Through the Google Forms survey, knowledge users rated the presentation meeting learning objectives as met to partially met.

Knowledge translation project #2. The second knowledge translation project was designed to assist students and staff in a middle school setting (grades 5-8) in mental health promotion using a six-part lesson series. This project was based on an evidence-based program but adapted weekly based on the current needs of the students and staff from a mental health promotion perspective. As the 2020/2021 school year created differing learning models and teaching methods, this program was implemented and designed to complete a knowledge translation project and, more importantly, to assist the middle school with overall mental health and well-being in this unique time. Knowledge users did not fully understand the programming as it was designed weekly at the beginning of the programming. This was brought up by one knowledge user, who stated in subjective data collection that he would feel more comfortable implementing the program next time, now that he has more familiarity with the programming. The needs of all involved were considered in all the steps of the process, from planning, designing, implementing, and evaluating, leading to a specialized program exclusive to the time

and place. However, concrete learning objectives were not outlined before the lesson series. This initial project can be further disseminated to fit a larger audience at a different time in the future.

Knowledge translation project #3. The third knowledge translation project is a culmination of the research in project one and programming in project two, which led to identifying critical needs in therapists understanding and advocating for their role in mental health promotion in the school setting. As mental health promotion using MTSS is an interdisciplinary approach and gaining momentum as best practice, occupational therapy practitioners need to acknowledge their knowledge base, expertise, and practical skills in this area. For example, AOTA has many resources supporting the role of occupational therapy in mental health promotion, but these are not always understood or utilized by practicing therapists. By understanding and advocating for their role, occupational therapists are in a unique position to expand their school-based practice to meet the needs of all adolescents through MTSS in mental health promotion. Alignment is currently weak on this knowledge translation project as knowledge users have not been engaged at this time.

Feasibility

For all knowledge translation projects, the budget was not a factor considered. However, with the second knowledge translation project, the budget could have been a determining factor. The special education director denied this initiative as outside of the scope of occupational therapy within the school setting. Therefore, this initiative was completed independently by the therapist outside of work time. Resources to support occupational therapy scope of practice, especially with MTSS, would be beneficial in educating upper-level administrators on the role that occupational therapists can play in helping all students. Due to the felt urgency of this need for the students and staff, the initiative was continued and completed without taking into full consideration of time and resources required.

The COVID-19 global pandemic impacted these three projects in many ways. During the coursework that culminated in the MOTA presentation (Knowledge Translation Project #1), school-based practice was in a constant state of flux. Hybrid learning, Zoom classes, increased technology usage, distance learning, along with overall health and safety impacted the ability of many to operate to full potential, including the researcher and presenter. However, this also gave a new understanding of how executive functioning skills can fluctuate due to anxiety, isolation, uncertainty, and constant change. Though researching in this state was difficult, a deeper understanding of what some of the students feel when mental health is declining was brought to light, bringing up the importance of positive mental health and mental health promotion.

As the school went to distance learning, implementing a school-wide mental health promotion program was brought up to the middle school principal to support the students and staff through positive youth development and positive psychology interventions explored in the first knowledge translation project. Having the research helped advocate for occupational therapy's role in promoting mental health during this time. This was also when students did not have curriculum present in their Friday advisory time, which staff was looking for, to assist with engagement and continuity of learning. The culmination made this the perfect time to address this critical need of the adolescents and staff and show the scope of occupational therapy practice. The first two projects led to the creation of the third project. As there is a gap in knowledge, understanding, and advocacy for the role of occupational therapy in mental health promotion, it is essential to assist fellow occupational therapists in mental health promotion using MTSS. Through background knowledge, based on evidence and years of practice, it is evident that this is an area where fellow therapists can support adolescents and youth.

Though this process was not easy, especially during a pandemic, the learning process would not have been the same without the circumstances of the time. The critical need may not have been understood from a personal standpoint. The school might not have had the time to

devote to character strength and positive mental health programming. And the research and lack of evidence and support found may not have culminated in the desire to assist other practicing therapists in following this path towards helping all adolescents in these critical years.

Chapter 6: Reflection and Recommendations

Reflection

“Gratitude unlocks the fullness of life. It turns what we have into enough and more. It turns denial into acceptance, chaos to order, confusion to clarity. It can turn a meal into a feast, a house into a home, a stranger into a friend. Gratitude makes sense of our past, brings peace for today and creates a vision for tomorrow.” – Melody Beattie, American Author, 1948 -

To reflect upon my journey to completing my doctorate, I need to lean on what I know to be true. A reflection is a form of gratitude, looking back and looking forward, being grateful for what lies ahead and behind. Practicing gratitude allows us to be thankful for the moment but also thankful for the journey in getting there and thankful for the opportunities that potentially lie ahead of us. Practicing gratitude with reflection is not only important today but every day. This is something that I have been talking to my students about over the years, something that I ask my kids to do, something that I strive to do myself. But reflecting on a day is different from reflecting on a three-year journey to where I am at now.

When I received my bachelor’s degree in 2001 from the College of St. Catherine, I never could have imagined where I would be in 2021. I would not have pictured myself writing a reflection, for a doctorate program in occupational therapy, during a worldwide pandemic. I would not have predicted that I would be working in a school with middle and high school students, having four kids at home spanning from elementary to high school-aged. Though I would not have pictured all of this, I feel so blessed that this is where I am at this place in time.

By reflecting on the journey, I also need to reflect on the different paths and roads that have led me to where I am. Being an occupational therapist is a part of who I am, not just as a professional but also as a person. The values instilled in me through my education and career have shaped the therapist and person I am. Having the opportunity to look at this and examine the organizations and institutions, including AOTA, St. Catherine University Henrietta Schmol

School of Allied Health, and the St. Catherine University Occupational Therapy Department, I can see how their missions and visions have guided me on my journey.

Reflection on Mission and Vision Statements

AOTA's 2025 Vision. *"As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living."* (St. Catherine University, 2020)

The American Occupational Therapy Association guides occupational therapists on their paths, helping them pave their road in the profession. Their missions, values, and invaluable resources support practitioners in being the best therapists they can be. Occupational therapy prides itself on assisting individuals in actively participating in everyday occupations that bring meaning and value to their lives. These occupations are what shape the days of our lives, the months of our years. We live our lives through these meaningful occupations across the lifespan, in all areas of our lives. When the individuals we serve, or those we collaborate with, struggle with participating in those vital occupations, we are there to find ways to support them and guide them towards health and well-being.

Through evidence-based programming, occupational therapists collaborate within their teams to find the best fit for interventions and adaptations. As an intentionally inclusive profession, we can support underserved populations in maximizing mental health, well-being, and, in turn, improve quality of life. In my knowledge translation projects, this led to researching, utilizing, and sharing information on advocating for MTSS to support mental health promotion for all adolescents within the school community. By involving occupational therapy within a curriculum to all students, we can provide customized programming to meet the entire community's needs, including the students and teams we work with, to support positive mental health and well-being.

Client-centered is a phrase that, to many, leads to thoughts of an individual. Clients, however, can be broader than that. By seeing the needs of communities, occupational

therapists are staying true to client-centered interventions. By noticing the needs of one student, it is most likely that others within that community may have the same needs. In this case, mental health needs do not need to be individual-centered but can instead be community-centered. By addressing the mental health and well-being of all through MTSS, occupational therapists expand their definition of the client, expanding the potential influence that interventions can have. Communities often need assistance (such as positive environments, feeling safe, secure, and accepted in the classroom, reducing the stigma of mental health, and having positive peer interactions) that can best be addressed with universal programming, influencing all students and staff within said community. My knowledge translation projects focused on community needs and how utilizing MTSS can assist in meeting those needs.

By being change agents in advocating for positive mental health for all, occupational therapists have an opportunity to create broader systems change. With our knowledge base and training, we should be active members of the mental health team. Through collaboration with other professionals, we can find ways to best address the mental health and well-being needs of the clients and communities we serve. By advocating for this role on a small scale, more significant changes to systems can occur. The more therapists that start to see this critical area of need, the more students can be positively impacted in the coming years. Through advocacy at school, district, state, and eventually, national levels of the importance of mental health promotion for all and the scope of occupational therapy practice, occupational therapy services can be accessible to all youth to address positive mental health and well-being.

St. Catherine University Henrietta Schmoll School of Health. My knowledge translation journey aligns with the mission and vision of the Henrietta Schmoll School of Health at St. Catherine University. The mission and vision of the school of health (2020) states:

Mental health promotion is an interdisciplinary initiative that can influence adolescents' mental health and well-being, with the potential for lifelong impacts to those served. Through

relationship-building within practice, I advocated for the role I could play in assisting adolescents through a Tier 1 initiative within the middle school. Positive environments can have a significant influence on future functioning and the adults these students will become. Occupational therapists should emphasize the importance of mental health promotion in education, healthcare, and public health, joining with community partners to influence whole communities' mental health and well-being. Seeing this important area, both my first and third projects aimed at helping to educate practitioners on this need from different perspectives. My second project was geared at completing an initiative to influence the health and well-being of the community at large.

Change requires leadership and interdisciplinary approaches. Being mindful of the perspective of other professionals, in my case educators, has been very important to successfully work towards my goals in completing my knowledge translation projects. In my current position, teachers and educational assistants are with students all day, every day, where I only have selected students for a short time. Other professionals have opportunities to see a different side of the students from a different perspective than mine. I am grateful that they have been open and accepting of looking at my perspective and assisting me in reaching not only the students but also the school community through my daily practice and my strengths-based initiative. Being a leader does not always mean having others follow you, but instead, to me, having others believe in the ideas you share with them. It was important for the staff to acknowledge my ideas and embrace them as a part of their daily interactions with students to impact the classroom cultures. This is how change can occur in a community, one step at a time, by showing and sharing beliefs and practices to help everyone feel accepted, understood, and cared about for who they uniquely are.

St. Catherine University Department of Occupational Therapy. My journey in the St. Catherine Occupational Therapy Department began 22 years ago. At that time, I was excited to be a part of such a wonderful community. I did not know, at that time, how being a part of that

community would change my life course. My excitement for being a Katie has not changed but has instead been re-confirmed and expanded in what that means to me, both personally and professionally, through completing the post-professional doctorate program. The mission of the occupational therapy department is evident in all the coursework I have completed at St.

Catherine's, both during my bachelor's and now during my doctorate. The mission of St.

Catherine University Occupational Therapy Department (2020) states:

The Department of Occupational Therapy provides an excellent education in occupational therapy to students from diverse backgrounds, conducts scholarly inquiry on human occupation, and serves the broader community by promoting occupational health and well-being. We prepare students to respect the dignity of every individual, value humans as occupational beings, understand the (development of occupational competence, apply ethical, spiritual and social justice principles, engage in a healthy balance of life occupations, and lead and influence the advancement of occupational therapy.

Well-being has always been an emphasis in the department, as has lifelong learning. These two things have begun to go hand-in-hand in my life. To be well and ensure that others are well, I need to commit to learning and attaining knowledge every day. By listening, reading, researching, and understanding, I have opportunities to gain knowledge consistently. I also need to share that knowledge with others, helping to guide them in learning and growing and lead them in the desire to expand their knowledge base.

These knowledge translation projects have led me to look deeper into the foundational skills necessary for adolescents to fully participate in occupations, to see the potential for occupational therapy, and how vital occupations are to overall well-being. An MTSS model of mental health promotion allows for occupational justice in giving access to occupational therapy for all, focusing on each individual as unique and as a part of a community and each community being unique in its needs at different times. Communities, such as schools, are central to

relationship development. By valuing the uniqueness of each individual and supporting the community as a whole, there is an opportunity to lead occupational therapy in a direction that has the potential to assist adolescents in ways that will help them into adulthood. By helping the students create life balance and see the strengths within themselves and others, we can assist them in their future growth and development.

St. Catherine University Department of Occupational Therapy prides itself on the high education and leadership offered to their students. The final part of the journey to receiving the Post-Professional Doctorate in Occupational Therapy is the culmination of a portfolio outlining the knowledge translation journey, a defense meeting with the doctoral committee, and a public presentation. This public presentation outlines the knowledge translation journey, including the research process, the supporting evidence for completing the three knowledge translation projects, and reflections on the process, allowing others to be a part of understanding not only the process of knowledge translation but also to have a deeper understanding of identified practice needs identified by current practitioners within the PP-OTD program. This presentation, completed on May 19, 2021, and the script, is attached in Appendix E.1.

Reflection on Knowledge Translation as a Focus for Advanced Practice

“Change will not come if we wait for some other person or if we wait for some other time. We are the ones we’ve been waiting for. We are the change that we seek.” – Barack Obama, 44th President of the United States, 1961 -

I had not fully understood the importance of knowledge translation in occupational therapy until completing these projects and this program. As a practicing therapist for almost 20 years, I have seen my knowledge grow in many different areas throughout the years. I have always strived to be a lifelong learner, always wanting to do what is best for the clients and students I serve. However, it has been difficult to transfer that knowledge farther than my limited circle of therapists and teachers that I work with.

I have increased my knowledge base and confidence in occupational therapy's scope in school-based service by completing the coursework and knowledge translation projects. By reviewing evidence, applying evidence, re-discovering resources, and disseminating resources, I see that I am not alone in identifying needs in mental health promotion to influence student success in school and beyond. I can now see how vital this area is to all areas of practice. Though this is an interdisciplinary area, I now feel confident in the crucial role of occupational therapy in mental health promotion. Through knowledge translation, therapists can feel empowered in their position, influencing the lives of more adolescents. Helping others see the unique role and influence they have as occupational therapy practitioners is vital to moving initiatives forward. With our background knowledge and training in mental health, we should have more of a role in mental health within all settings. However, we are often left out of the mental health team. Through knowledge translation, therapists can feel empowered to join together to advocate for this critical area of practice. Knowledge translation can help connect therapists who see these needs for adolescents to each other, building networks and connections to address this area, not alone, but as a professional within the interdisciplinary teams that we work with. By connecting with other practicing therapists, practitioners can feel empowered in advocacy for our profession at a more significant level. In these ways, I think that these projects have grown myself as a professional and can expand the practice of occupational therapy in the importance of mental health promotion.

Knowledge translation is vital to help grow the field of occupational therapy. In school-based practice, I see it starting with small steps. By sharing knowledge with coworkers, educating others on techniques and protocols that may assist a student during in-direct service time, and setting up routines, schedules, and tools to help with student success, we offer knowledge translation opportunities on the benefits of occupational therapy within the school setting. Through this, we also grow ourselves by listening to others in their roles and ideas. When we begin to advocate for our role as more than just a handwriting teacher, backing our

claims with evidence, we are continuing the knowledge translation journey. When we look at educating other professionals, be it other occupational therapy practitioners, interdisciplinary team members, families, communities, or policymakers, we are furthering the reach of our knowledge base. As we become more confident, having the evidence to support our ideas and insights, we can reach more therapists, reaching more students. And the more therapists who share their knowledge in this way, the more students can be impacted with evidence-based programming.

Reflection on Professional Development

The musician Andrew W.K. (2015, para. 3), in his column on finding your passion in the Village Voice, sums up this journey well:

One's true purpose in life is not always something that can be decided upon, discovered through personal introspection, or encountered while following one's tastes and preferences. It sometimes seems to be brought out by some sort of universal need: A person suddenly finds him- or herself called upon to do something extremely important, and instantly, everything surges in that direction.

Being an occupational therapist is not just a job. It is a way of thinking. It becomes who you are as a person. I can no longer separate the personal from the professional as the combination of those two are what makes me who I am. I can't call occupational therapy a job or a profession, but rather a way of life, the person I am.

I have always been interested in developing myself further personally and professionally. Most years, when it comes time for license or registration renewal, I have more than enough continuing education credits. I am also an avid reader who tries to not only read for fun but knowledge as well. Since I work in pediatrics, being a mom is also a way I have developed professionally, broadening my understanding of typical development through my children and those of my friends. I have always said that being a mom makes me a better therapist, and being a therapist makes me a better mom. Understanding family dynamics, both sides of the

special education table (I have two children with IEPs in the school), and the diverse needs of individual students have helped me grow professionally, which has helped me grow personally.

Before beginning the post-professional doctorate program, I saw professional development as trusting continuing education opportunities to offer evidence-based programming. However, as I have advanced through this program, I see that many of the courses I took lacked the research to be evidence-based. On a subjective level, these courses taught me many things that I used in practice over the years. Looking at some of these techniques, I now wonder about the evidence. As a busy practitioner, I looked at finding the evidence and doing the research as something I could not fully understand nor have time for. If I saw something work on one kid or heard a success story from a parent, I would try it with other kids as well. There was subjective, word-of-mouth data, but not concrete, researched data present in my practice over the years.

Through the coursework, I have learned to examine the evidence and look for resources to support practice, to be a consumer of research. I have learned that it is essential to look for evidence and not just trust word-of-mouth techniques. I also learned, though, that the evidence is years behind practice. To be an evidence-based practitioner, I believe you look at this as a challenge to undertake. If a technique works in your eyes, then study it and determine if it really works. If you can't find the evidence, maybe it is time to find a way to create the evidence. There is a disconnect between practitioners and researchers. This disconnect impacts the profession and the clients we serve and is a gap in practice that all should address.

Previously, I had let my American Occupational Therapy Association membership lapse, not seeing the need for it. This is a mistake that I will not repeat and will educate other therapists on the importance of AOTA membership. This not only impacts current practitioners but the profession and the clients we serve. The wealth of resources to support practice available through AOTA is vital to ensuring continued competency, learning, and growth as a professional. I recognize the importance of continuing to utilize the resources offered. And I also

now feel more confident in the thought that someday, I may have a part in sharing some of the knowledge I have gained through scholarship with other therapists somehow.

This program has helped solidify my beliefs in advocating for mental health promotion within the school setting, especially with adolescents. When I first began, I saw this as a need but felt very alone in this area. It was hard to convey what I saw in practice and find evidence of this through basic literature searches. My words and ability to articulate this need floundered at times, making me feel that I was reaching too far out of the current scope of occupational therapy. Over time, however, I was able to find my voice, the research, and most importantly, the confidence in advocating for this crucial area of need.

Networking is an area that I have struggled with over the years, possibly due to my lack of confidence in my abilities and knowledge base. Being the sole practitioner or one of two practitioners on-site has left me feeling like an O.T. island at times. Though it was uncomfortable, reaching out to other professionals was vital to my professional development in this program. Talking to other occupational therapists who have seen this critical need in youth through their practice has helped me to see I am not alone in identifying this gap in our practice. It has also helped me gain confidence in my knowledge base. It has also given me the drive to continue learning and developing my skills and knowledge to advocate for the importance of this area for adolescents. This has also shown me the potential to continue working with other occupational therapists. This area needs to be addressed, advocated for, researched, and have more evidence-based implementation strategies documented and used. This may help to further policy change in mental health for adolescents within the schools. Together, voices can be more robust in advocating for mental health promotion within school-based practice.

Recommendations

Summary of Needs for Future Knowledge Translation

“What you do makes a difference, and you have to decide what kind of difference you want to make.” – Jane Goodall, primatologist and anthropologist, 1934 –

Currently, AOTA has documents that state that mental health is within the scope of occupational therapy practice across domains. However, these documents don't give clear guidelines as to what this means for practicing therapists or key stakeholders. School administrators, for example, in my experience, have not all seen this as a part of the occupational therapy domain within the academic setting. Speaking to others, it appears that other occupational therapists sometimes have the same mindset, questioning if this is out of the occupational therapy scope of practice. However, mental health and well-being can enhance the growth and development of lifelong occupations within the school setting and beyond. Occupations are the core of the profession and are at the core of who people are, what brings meaning and value to their everyday lives. How do we help shift the mentality that occupational therapists in schools merely work on fine and visual motor skills and advocate for our expertise in mental health promotion using MTSS?

Through communities of practice, therapists can work together to advocate for needs that they see in practice. Many occupational therapists, myself included, feel out-of-the-loop in practice, not having opportunities to connect with other therapists who work in their same practice area. By opening up opportunities for therapists to collaborate, change will happen in their practice, in the practice of those they collaborate with, and potentially beyond. These changes can positively impact the students that we work with, the schools that we work in, and the communities that we serve. Change leaders can join together to research best practices, share knowledge, and advocate for the critical needs of students in mental health promotion. This shows potential in changing occupational therapy practice, how we educate students, and how we support the teaching staff that we work with. These changes could influence the future for all involved.

One Proposed Future Knowledge Translation Project: Building communities of practice in mental health promotion

Knowledge Users. The knowledge users in this knowledge translation project will be occupational therapy practitioners and students who wish to build a community of practice in adolescents and youth, namely to look at the importance of mental health promotion within the school-based setting.

Main Messages. By working together in a community of practice format, occupational therapists will create connections with other therapists working in the same area of practice to collaborate and learn from each other. Through communication and relationships, occupational therapists have an opportunity to work together to advocate for change in areas of need, especially mental health promotion. By building upon background knowledge and research with practical skills and ideas, therapists can implement initiatives, advocate for students' needs, and potentially be a part of structural change. At the same time, this information will improve practicing therapists' confidence and advocacy skills in knowing that they are not alone through the connections and knowledge they will gain.

Knowledge Translation Goals. The main objectives for the knowledge users are:

- Identify commonalities in practice dilemmas impacting best practice in school-based settings
- Network with other professionals to gain connections
- Gather and share knowledge, skills, understanding, and expertise with other like-minded individuals
- Examine and explain the role and scope of practice in school-based occupational therapy
- Collaborate to be change leaders in mental health promotion using an interdisciplinary team approach

Knowledge Translation Strategies. The main strategy used will be communities of practice. Communities of practice are designed to bring professionals together to collaborate, network, and in this case, advocate for the needs of their students and profession. By building communities of practice in different areas, change can occur in individuals' areas of practice, but there is also potential for larger-scale changes. By collaborating, brainstorming, sharing ideas, and finding strategies to address practice dilemmas, therapists can feel empowered to be change agents and leaders in moving our profession forward.

The first step in building a community of practice is finding individuals working with adolescents and seeing mental health as an essential area for occupational therapists to address. By noticing the need for change in best serving students, we can help more students achieve their goals. I have already begun reaching out to others who recognize this area of need, beginning to find a small network. I will begin to seek further, using social media (i.e., Pediatric and School-based practice Facebook groups), networking, and word of mouth to find other individuals who may be interested in collaborating.

The second step will be organizing the group and how to meet. As I hope to reach others who are not local, I believe Zoom and Google Meets will be the best platforms to use. Through communication, I hope to collaborate with others on what they think the best course of action would be for meeting frequency. By allowing members to have a say, they will begin to also feel like leaders in the group. This can be important as building leadership skills and confidence are essential steps in advocating for identified needs in practice, both for the profession and the students we serve.

The third step will be facilitating the group and determining the best course of action to enhance the experience for everyone. By collaborating and choosing a schedule, all members can feel included in the process and feel that others hear their voices. One idea is to use these initial sessions as a study session, basing the sessions on reading Susan Bazyk's book (2011) *Mental Health Promotion, Prevention, and Intervention with Children and Youth: A Guiding*

Framework for Occupational Therapy. This method would follow the idea outlined in Bazyk et al. (2015) in their mixed-methods knowledge translation study.

Knowledge Translation Evaluation. Multiple methods will be used to determine if the goals have been achieved. Attendance tracking, or continued active participation in the communities of practice, is the first guidepost. If practicing therapists and students continue to participate in the community of practice meetings, it would be assumed that they are gaining something from attending, be it knowledge or community building, both critical for professional development. Verbal feedback will also be used as a gauge for learning objectives being achieved. Google Forms surveys will be another way that feedback will be obtained as this allows for the anonymity of participants if they so desire. The final way that achievement will be measured is if changes in practice and policies can occur over time. Though this is not an easy measure, it is an essential measure for all participants, especially in reflection. This last evaluation will happen after the initial project is completed but is still a crucial gauge for the success of the knowledge translation goals.

Reflection on the impacts of COVID-19

“The ultimate measure of a man is not where he stands in the moments of comfort and convenience, but where he stands at the times of challenge and controversy.” – Dr. Martin Luther King Jr., American Minister, and Civil Rights Activist, 1929-1968

The past year has been a year of change, adversity, learning, growth, sadness, uncertainty, and, most importantly, hope. It has been hard to understand the current state of the world on many levels, complicated to process through everything, hard to figure out this different normal that we have now. I have made it a point not to say that this year was difficult, but instead, say that it has been different. Our way of life has changed, but that doesn't make it difficult; it just makes it different. Reframing my way of thinking through this year has helped me cope and do my best to help others. Through it all, I have found ways to express gratitude for the opportunities presented to me.

Completing a doctorate in normal times while working and raising a family is not an easy task. But it is a challenge that I planned, along with my loved ones, as a way to make a difference. I desired to make a difference in occupational therapy in more ways than just the students I was blessed to have on my caseload. I began the program with high hopes of where I would be when I completed the program, what opportunities could potentially present themselves. At the time, I had no idea how educated I would become through the program, but also with the curveballs of life.

Living through a pandemic as an adult is hard enough. The uncertainty, unanswered questions, fears, and sorrow are all areas that have impacted adults daily. But working with youth, who already struggle in different ways, it is evident that everyone is affected in various ways. The social isolation and disconnect from the everyday activities for my students were very tough. The activities that brought them joy were taken away from them. The place where they typically spent the majority of their waking hours was shifted to a technological alternative. Their lives presented no sense of normalcy, with no end in sight.

Working and completing this program during COVID-19 both limited and expanded my opportunities. Without the research base and knowledge, I am unsure if I would have felt confident enough to share my expertise in the ways that I did to help students and staff. However, it was evident at many times that my mental health and well-being were also suffering due to the strains I was putting on myself and what the world was putting on all of us. Gentle reminders to take a step back were necessary to guide myself, which led me to new understanding and guidance that I could share professionally.

The pandemic has opened my eyes to how fragile mental health and well-being can be. I see myself as an optimist, looking at situations with a positive lens. However, I was able to see the impact of the uncertainty on my ability to function to my full capacity. It was tough to believe that I was asked to work on executive function skills with students when mine were in such disarray due to a newfound self-diagnosis of acute anxiety and depression. I was able to learn

from this experience, gain a deeper personal understanding, and will hopefully be able to take this forward to assist my students more in the future.

As we move into this next chapter of the pandemic, I hope the skills and knowledge I have gained will be beneficial both personally and professionally. This different year has taught us all many things. It has taught me to be mindful, appreciate the little things, slow down, seek out knowledge, take care of my mental health and well-being, and embrace opportunities when they arise. Though it has been a different road, it is the journey how it was meant to be.

Final Reflections

“Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved.” – Helen Keller, Author, Disability Rights Activist, Political Activist, and Lecturer, 1880 – 1968

To reflect is to express gratitude, appreciate the beauty and excellence of what has occurred, and be honest with oneself while showing humility. Most of all, it is to continue to indulge in a love of learning through introspection. Self-reflection is also a journey of self-exploration, one that I feel has been equally important. The process of completing these three knowledge translation projects in the finalization of my post-professional doctorate in occupational therapy has been one of character building, exemplified by the character strengths that have brought me to this place, ones that I know about myself through self-exploration.

Character strengths are what make us unique and who we are. According to Niemich & McGrath (2019), there are over 600 sextillion possible combinations of the 24 character strengths, as outlined in the VIA Character Strengths Indicator. Knowing and understanding these about ourselves can lead to personal growth, improved relationships, introspective reflection, and positive mental health and well-being.

Exploring my character strengths gives me insights into the journey that I have been on. As this was a part of the lesson series presented as a knowledge translation project, I feel it is essential to reflect upon this as I close this part of the journey. For myself, gratitude has always

been a signature strength. I am grateful for the opportunity to further my education. But more importantly, I am thankful that this may lead to a greater understanding of the importance of positive mental health and well-being for adolescents. Over the last year, love of learning has become my top strength. To me, a love of learning entails gaining knowledge and sharing that knowledge with excitement and enthusiasm with others. Through my knowledge translation journey, of those I have already completed and ones in the future, I hope to continue to utilize this top strength. Humility, perseverance, and leadership have never been signature strengths for me, but I believe that through this journey, I have strengthened all of these on numerous occasions. My curiosity and bravery are what I relied upon to begin this path to my degree. My love for my students and desire to show them all kindness while demonstrating fairness led me to look into MTSS to reach more adolescents. My zest has enabled me to continue to be positive even though these times of adversity.

Most importantly, though, was my hope. My hope in making a difference in the lives of more students. My hope in my abilities and dreams. My hope in the role of occupational therapy in mental health promotion and well-being for adolescents. My hope in the world at large. And my hope that the world can become a little better place, one step at a time.

Appendix A: A Knowledge Translation Project for Occupational Therapy Practitioners**Appendix A.1: Slide Presentation and Narration**

Adolescent Mental Health Promotion and Prevention through MTSS

Sarah S. Greene, MS, OTR/L
Post-Professional Doctorate Student
St. Catherine University
St. Paul, Minnesota

Slide 1

Good Evening. We are three post-professional occupational therapy doctoral students at St. Catherine University. These presentations were completed as a part of our Advanced EBP course in the Fall of 2020 under the direction of Dr. Julie Bass. These are the first of our three knowledge translation projects to complete our doctorate degrees in May of 2021. As we all work in different practice areas, we would like to introduce you to the different themes that we found throughout the research based on our practice dilemmas.

So that everyone is aware, these presentations will be recorded. Please place questions in the chatbox, and we will answer them during the question and discussion time. If we do not have time for all of the questions, please feel free to send any of us an email. There will also be a link for a google form for each of us in the chat that we ask that you please complete

regarding our presentations. We greatly appreciate your feedback and your attendance at our presentations.

My name is Sarah Greene, and I am a pediatric occupational therapist. I originally graduated from St. Kates in 2001 with a bachelor's degree in occupational therapy and psychology. Since then, I have worked in many different settings over the years, but pediatrics has been my calling. I have recently been working as a school-based therapist, namely focusing on middle and high school students. Thank you in advance for participating in my presentation on Adolescent Mental Health Promotion and Prevention through Multi-Tiered Systems of Support, a topic that I am very passionate about.

Learning Objectives

- Explain the importance of the relationship between mental health and academic success to further advocate for the mental health needs of youth
- Describe mental health promotion and prevention school programs that use a Multi-Tiered Systems of Support based on a public health model
- Illustrate further needs in practice and research for multi-disciplinary teams, including occupational therapy, to address mental health prevention and promotion within school-based practice

Slide 2

The Learning objectives for this presentation that I hope to achieve for participants are:

- Explain the importance of the relationship between mental health and academic success to further advocate for the mental health needs of all youth
- Describe mental health promotion and prevention programs in schools that use multi-tiered systems of support based on a public health model
- Illustrate further needs in practice and research for multi-disciplinary teams, including occupational therapy, to address mental health prevention and promotion within school-based practice.

Practice Dilemma

- The changing needs of students within the school setting
- Increased demands on students
- Access to support for all students
- Mental health and well-being and its impact on academic success

Slide 3

Students need to have either an outside diagnosis or a significant delay ($>2SD$ below the norm) to qualify for special service. This leads to issues in their ability to access academic support and support for mental health needs. Within my career as a school-based occupational therapist and being a mother myself with many friends and colleagues who have school-aged kids, I have noticed a change in all students' needs. Parents, teachers, and students express concerns with the high demands on students to perform well in school, participate in extracurricular activities, test well on standardized tests, and build a diverse resume to get into college. As these pressures and demands build, many students experience mental health issues, including anxiety, depression, eating disorders, stress, and more.

From a school-based perspective, how can the students' needs beyond academics be addressed to assist all students? Are health promotion and prevention programs in schools or community settings effective in preventing mental health concerns that may impact student success in school and extracurricular activities? What about school-wide mental health

promotion programs? What programs are currently being used to address these growing needs, and how effective are they?

Many schools have not adopted a multi-tiered support approach for mental health prevention and promotion, although there is growing support for this approach. According to Dr. Susan Bazyk, using a public health model, including multi-tiered systems of support to address mental health promotion and prevention, all student's needs can be addressed (Bazyk, 2011; AOTA, 2017b).

Definitions

- Multi-Tiered Systems of Support (MTSS)
- Mental Health
- Mental Health Promotion
- Mental Health Prevention
- Positive Psychology

Slide 4

Before we go any further, I feel it would be beneficial to share some basic definitions. Multi-Tiered Systems of support, or MTSS, is a framework designed, based on data, to improve all students' outcomes based on the individual students' needs. Through MTSS, all students have access to services to address their needs, be it at Tier 1, universal programs to address the whole population or community, Tier 2 (targeted interventions, often for those identified as at-risk), and Tier 3, Intensive interventions, such as individual therapy for those with identified needs.

- Mental health does not only apply to the absence of mental illness. According to the Center for Disease Control (2018b), U.S. Department of Health and Human Services (2020), and the World Health Organization (2018), mental health is the ability to participate in productive activities, fulfilling relationships with others, the ability to cope and adapt to change and adversity, and successfully perform mental functioning. Mental

health impacts all areas of functioning and performance: physical, social, emotional, psychological, academic, and behavioral. Positive mental health is linked to overall well-being and quality of life.

- Mental health promotion is focused on promoting positive mental health for all within the community, including the general population.
- Mental health prevention is aimed at preventing the onset of mental illness.
- Positive Psychology involves enabling people to optimal functioning, including studying the process and conditions that promote this (Bazyk, 2011). The three pillars of positive psychology are Positive Emotion, positive traits, and positive institutions

Are health promotion and prevention programs in schools or community settings effective in preventing mental health concerns that may impact student success in school and extracurricular activities?

P: Patient/Population/Problem	I: Intervention	C: Comparison	O: Outcome
Adolescents, namely middle and high school students, both with and without clinical or academic diagnosis.	Multi-Tiered Systems of Support (MTSS) in Mental Health, Promotion and Prevention, including curriculums and interventions; Activity-Based, Universal, and Occupational Therapy.	Control, or adolescents without intervention or access to curriculum.	Student Success in school and extracurricular activities, including well-being, participation, engagement, and academic success. Anxiety, Depression, Stress, and Standardized Testing were also examined.

Slide 5

As I began reviewing evidence, I developed a research question along with an extensive literature review. I developed my evidence-based practice question based on a PICO format, looking at Patient/Population/Problem, Intervention, comparison, and Outcome. Throughout my detailed database searches, I continued to evolve my PICO, but my general EBP question remained the same. Through the literature review process, I was able to find strong articles and studies to use for my critical appraisals on my evidence-based practice question, Are health promotion and prevention programs in schools or community settings effective in preventing mental health concerns that may impact student success in school and extracurricular activities?

As I worked through the literature review process and critically appraised articles, I continued to modify and adjust my wording and search terms to pinpoint the best and strongest data to answer my practice dilemma question.

AOTA Resources

AOTA Mental Health Toolkit (AOTA, 2020)

AOTA: Occupational therapy's distinct value in children and youth (AOTA, 2020)

Children & Youth Mental Health EBP Systematic Reviews & Research (AOTA, 2020)

Learn About Occupational Therapy for Children & Youth (AOTA, 2020)

Best Practices for Occupational Therapy in Schools, 2nd Edition (AOTA, 2016)

Note. All AOTA resources are available to members at www.aota.org. The Best Practices for Occupational Therapy in Schools, 2nd Edition, is available for purchase.

Slide 6

AOTA has many resources for occupational therapists that are beneficial to address mental health in children and youth. These resources are available at aota.org for members of the American Occupational Therapy Association.

Primary Research Databases

ERIC: mental health promotion prevention systematic review, mental health promotion, "systematic review", "multi-tiered systems of support", systematic review multi-tiered systems of support mental health promotion; Multi-Tiered Systems of support, MTSS, Mental Health, Promotion, Prevention, School Mental Health, Adolescent, and Well-being

OTSeeker: (any field) mental health AND (any field) school AND (any field) systematic review

Google Scholar: "multi-tiered systems of support" "systematic review" "mental health promotion"

PubMed: "promotion" (Mesh) AND "Prevention" (Mesh) AND "Mental Health" (Mesh) AND "Curriculum" (Mesh)

PsycInfo: (Multi-tiered systems of support) AND (Mental health) AND Promotion AND Prevention

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To begin this process of investigating my practice dilemma and the ensuing evidence-based practice question, I started a research review using popular database to search for journal articles. Throughout all searches, I placed Limitations of peer-reviewed to ensure that I searched for reputable journal articles that have gone through a proper peer-review process.

I had to modify and adjust my search process through the various search engines due to certain words or phrases becoming too limiting or too broad. I found it beneficial when searches were too broad to review the articles' titles and abstracts to find ones that did address my EBP question. Overall, I reviewed titles and abstracts of over 400 articles, reviewing in-depth, roughly 42 of those throughout this project.

Throughout these searches, I realized how research in interdisciplinary areas is outnumbering that of occupational therapy. Each search brought me deeper into the current research and brought me new terms and expressions to search further. This process helped to clarify and narrow my focus area. This also helped introduce some new terms, such as positive

youth development and positive psychology interventions, which led me to some A-Ha moments of what I was searching for and saw a need for in my practice dilemma.

Quantity of Evidence

- Search Criteria limited article accessibility
- Lack of primary research studies
- Interdisciplinary topic, with articles dating back over the years in different fields with different wording
- Emerging area of practice in occupational therapy

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When searching for evidence, it wasn't easy to find articles based on the outlined search criteria. As research continued, reference lists on relevant articles, search topics based on findings in articles and changing of keywords assisted in finding more relevant results. But this led me to identify the inconsistency in word usage through database searches on these topics, which the interdisciplinary nature of this topic may describe.

There were a limited number of primary research studies available on this topic, many with very small sample sizes. Systematic reviews pulled information from multiple small studies, but these all addressed many different interventions, techniques, and outcome measures, not always consistent with my EBP question.

Over the years, it appears that this topic has ebbed and flowed with different key terms used. There were fewer studies in recent years than ten years ago, which offered different verbiage than more recent ones.

There is limited research in occupational therapy, especially primary studies, addressing mental health promotion and prevention. Positive psychology, school psychology, school mental health, and even nursing were areas that articles were found that applied well to this research topic. But even with expanding the scope of reach, this still appears to be an emerging area of practice in children and youth across disciplines.

Quality of Evidence

- Theoretical perspectives were prevalent in peer-reviewed journal articles.
- Lack of Intervention information provided in primary research articles.
- Cilar et al. (2020) Identified 4/1199 articles to be high quality in a systematic review of the effectiveness of school-based mental well-being interventions among adolescents.

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After careful review and appraisal of articles, it appears that there are many more theoretical articles than primary research studies. Theoretical articles were helpful in understanding the basis of these types of interventions but did not give concrete ideas for interventions to research or to use in practice.

When looking at the primary research articles that I found, there was inconsistency in programming. I had a difficult time finding articles that outlined specific interventions. With much of the current research, it appears that it would be challenging to do replication studies on these topics due to the lack of consistency on interventions, availability of interventions, and proper research on programs and curriculums.

A recent article (Cilar et al., 2020) looked at more recent studies on the effectiveness of school-based mental well-being interventions among adolescents. After reviewing 1,199 articles, the researchers decided that 57 articles met their inclusion criteria in their systematic review. They only identified 4 of these studies as being high-quality research.

Critical Appraisal Article 1:**A systematic review and meta-analysis of school-based stress, anxiety, and depression prevention programs for adolescents (Feiss et al., 2019)**

Question: Do school-based mental health prevention programs make a difference in the reduction of stress, anxiety, and depressive symptoms in adolescents?

Method: A systematic review of 42 peer-reviewed articles on school-based interventions to reduce anxiety, stress, and depression.

Results: Anxiety interventions, regardless of dose, showed significant results in reducing anxiety compared to control, while depression interventions significantly reduced depressive symptoms compared to control.

Conclusions: School-based interventions analyzed appeared to be effective over-all at reducing stress, anxiety, and depressive symptoms; There is a lot of variety in programming (type, dose, and programming personnel), which may have factored into overall results.

Feiss, R., Dellinger, S. B., Merritt, M., Reich, E., Martin, K., Yarnes, J. A., & Pangolin, M. (2019). A systematic review and meta-analysis of school-based stress, anxiety, and depression prevention programs for adolescents. *Journal of Youth and Adolescence*, 48(5), 1685-1695.

Slide 10

After the literature review process, the next step was to critically appraise articles that we found most relevant to our evidence-based practice question.

This first study looked at school-based mental health programming's efficacy through a systematic review and meta-analysis to make recommendations for programming and mental health education policies. When looking at this article, my question was: Do school-based mental health prevention programs make a difference in reducing stress, anxiety, and depressive symptoms in adolescents?

This study concluded that stress-reduction interventions did not show significant results overall, while anxiety and depression interventions showed significant results in reducing anxiety and depressive symptoms compared to control. This systematic review concluded that School-based interventions appeared to be effective overall at reducing stress, anxiety, and depressive symptoms.

Critical Appraisal Article 2:**Systematic review of occupational therapy and mental health promotion, prevention, and intervention for children and youth (Arbesman et al., 2013)**

Question: Are activity-based interventions in children and youth effective in mental health prevention, promotion, and intervention?

Method: A systematic review of 124 peer-reviewed articles published between 1980-2013.

Results: Strong evidence was presented for social-emotional learning, school wide bullying prevention, after-school programming, coping strategies, whole-school mental health promotion, universal health promotion (stress management, health literacy, yoga, childhood obesity), school-based stress management, coping, and mental health literacy.

Conclusions: Activity and occupation based programs can be beneficial to all youth, including social-emotional learning, bullying prevention, social skills, life skills, play/leisure/recreational activities while continued research and generation of evidence in support of services is important at all levels.

Arbesman, M., Bazyk, S., & Nodjajdi, S. M. (2013). Systematic review of occupational therapy and mental health promotion, prevention, and intervention for children and youth. *American Journal of Occupational Therapy*, 67, e120-e120. <http://dx.doi.org/10.5014/ajoc.2012.008559>

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This systematic review of interprofessional literature of 124 peer-reviewed articles addressed using a public health model of intervention for mental health in children and youth from an occupational therapy perspective. By examining and interpreting results from 124 journal articles, it was found that substantial evidence supports interventions through a public health model of mental health. The evidence presented in this study can be used to support practice, support future research, support program development, and encourage collaboration for further research and program implementation.

While appraising this article, my question was: Are multi-tiered systems of support in health promotion, prevention, and intervention in children and youth within the scope of occupational therapy practice?

This article supported my question in stating that occupation and activity-based programming show strong evidence of being beneficial for children and youth using a multi-tiered system of support.

Critical Appraisal Article 3:

Challenge: To Be + . A group intervention program to promote the positive development of adolescents. (Freire et al., 2018)

Question: To study the effectiveness of a group intervention program (Challenge: To Be+) on adolescent positive development (self-concept, self-esteem, life satisfaction, and psychological well-being) and understand the perspectives of adolescents through participation in this program.

Methods: A quasi-experimental design, pretest and posttest qualitative and quantitative measures to evaluate the participants (N=99) positive development factors and perceptions of the program

Results: Significant results in self-esteem and satisfaction with life; self-concept and psychological well-being did not show significance; Participants positively perceived the sessions

Conclusions: Per empirical findings, positive development is seen with this type of study. Mixed methods studies are important in analyzing participants experiences with interventions, with the recommendation of future studies to continue to help validate these findings.

Freire, T., Lima, I., Teixeira, A., Araújo, M., & Machado, A. (2018). Challenge: To Be + . A group intervention program to promote the positive development of adolescents. *Children and Youth Services Review*, 87, 173–185. <https://doi.org/10.1016/j.chi.2018.02.035>

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In this study, researchers looked at the impacts on Positive Youth Development (PYD) through a 9-week classroom intervention using a program entitled "Challenge: To Be+" in an urban school in Portugal. It was shown that this intervention, a short-term program focusing on specific behaviors, emotions, and positive development, delivered within a school setting, effectively improves satisfaction with life and self-esteem. Though this study consists of a small sample size of 99 participants, the results are beneficial for further research on the benefits of this or similar programs within an academic setting.

During this appraisal, my research question was: How beneficial are group intervention programs promoting mental health promotion and well-being in adolescents?

My conclusion to my question, based on the results of this study, was that group interventions over a 9-week period within the school setting to address mental health promotion in adolescents, as measured from a small sample size, is beneficial in improving self-esteem and satisfaction with life in comparison to a control group.

Critical Appraisal Article 4:

How 'other people matter' in a classroom-based strengths intervention: Exploring interpersonal strategies and classroom outcomes. (Quinlan et al., 2015)

Question: To examine a brief, strengths-based curriculum on well-being, engagement, relationships, class culture, class cohesion and friction, relatedness, and overall intrinsic need satisfaction

Methods: Non-randomized Control study (N=193) using classroom based interventions over 6-weekly sessions

Results: Participants demonstrated significantly higher positive affect than control group, higher scores in classroom engagement and class cohesion, lower on class friction, and higher strengths use than control group; No significance in negative affect, student life satisfaction, or competence need satisfaction

Conclusions: Preliminary evidence supports the use of a short-term strengths-based classroom curriculum to enhance well-being, engagement, students perceptions of class cohesion and friction; relatedness and autonomy, two parts of intrinsic motivation, can be supported through strengths-interventions

Quinlan, D. M., Swain, N., Cameron, C., & Villa-Rodriguez, D. A. (2015). How 'other people matter' in a classroom-based strengths intervention: Exploring interpersonal strategies and classroom outcomes. *The Journal of Positive Psychology*, 10(1), 77-89.

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This study, by Quinlan et al. (2015), looks at the significance of a 6-week program entitled "Awesome Us" within a classroom setting.

My research question for this appraisal was how do classroom-based programs in mental health promotion (including positive youth development) impact student well-being?

Through this primary research study, I determined that Strengths interventions using the Awesome Us curriculum encouraged students to look at strengths in themselves and others, impacting classroom relationships, academic engagement, and overall student and classroom well-being.

Critical Appraisal Article 5:

Three-Year Outcomes of a School-Hospital Partnership Providing Multi-tiered Mental Health Services in Urban Schools (Walter et al., 2019)

Questions: To test the implementation of a Multi-Tiered System of Support, through a collaboration between a school system and a hospital; Researchers hypothesized that the collaboration would improve mental health outcomes in students and mental health capacities in schools through a needed, feasible MTSS for mental health services.

Methods: Three-Year Longitudinal Research Study using qualitative and quantitative research methods

Results: Classroom interventions for 21% of overall student population, 404 teachers trained and satisfied with trainings, School personnel rated significant improvement in school mental health capacity

Conclusions: MTSS showed improved student mental health, including early intervention, improved SEL competencies, and coping skills. Improved capacity of the school to provide prevention/promotion support, early identification/intervention, and crisis management was noted with the collaboration. This study supported the effectiveness, desirability, and need for these types of programs.

Walter, H. J., Kays, A. J., Denny, K. H., & DeMasso, D. R. (2019). Three-Year Outcomes of a School-Hospital Partnership Providing Multi-tiered Mental Health Services in Urban Schools. *Journal of school health, 89*(8), 643-652.

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This 3-year longitudinal study of the partnership between a hospital and a school examined ways to meet students' mental health needs through a multi-tiered system of support. Using this delivery model, four different layers of support were offered. Capacity building, where mental health professionals provided school staff training and consultation, was provided to all staff and administration. Prevention and promotion interventions included whole classroom approaches and caregiver workshops and consultation. Through early intervention services for those at risk, mental health professionals offered care coordination and targeted group interventions. Those who presented more serious mental health needs, clinical assessment, and treatment, including crisis intervention and individual therapy, were offered.

My research question for this appraisal was: Are multi-tiered support systems in a school setting beneficial to student mental health and well-being?

My analysis of this study found Multi-Tiered systems of support, used through a collaboration with a school and a hospital, can effectively begin to address youth's mental health needs by expanding the availability of services, capacities of services, and accessibility of services to youth. Using this type of approach, early intervention, reaching students at higher risk, prevention/promotion, early identification, and crisis management can be more efficiently addressed.

Critical Appraisal Article 6:

Improving middle school students' subjective well-being: Efficacy of a multicomponent positive psychology intervention targeting small groups of youth (Roth et al., 2017)

Question: To examine the efficacy of a multi-target PPI; Researchers hypothesised that there would be lasting gains in student well-being, life satisfaction, affect, depression and anxiety symptoms, and reduction in internalizing and externalizing problems by using a positive psychology intervention

Methods: Quantitative Primary Research study, examining differences in subjective well-being (SWB) in youth (N=42) participating in a PPI intervention versus a control (waitlisted)

Results: 10-weekly sessions (50 minutes each), roughly 10 hours of intervention, yielded significant increases in all dimensions of SWB, as well as positive affect; Gains were seen in life satisfaction and positive/negative affect after the intervention; positive affect gains remained at two month follow up

Conclusions: Small group multi-target programs show promise in increasing middle school students' SWB through a school-based approach; Complete mental health is linked to academic, social and physical health outcomes which are tied to overall student functioning.

Roth, R. A., Suldo, S. M., & Ferson, J. M. (2017). Improving middle school students' subjective well-being: Efficacy of a multicomponent positive psychology intervention targeting small groups of youth. *School Psychology Review, 46*(1), 23-43.

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Within their school day, 42 seventh-grade students participated in positive psychology interventions in hopes of improving their well-being. Results were complimentary of the influence and promise of school-based Positive Psychology Interventions on overall student well-being. Though there were limitations of the study, including a small sample size, findings supported continued research in this area.

My critical appraisal question was, Do Positive Psychology Interventions positively correlate with the Subjective Well-Being of adolescents?

This study found that school-based interventions in small groups can address Subjective Well-Being through Positive Psychology Interventions. Complete mental health, defined as minimal psychopathology symptoms and high Subjective Well-Being, is linked to academic, social, and physical health outcomes, which are tied to overall student functioning. With larger sample sizes, further research could help determine which interventions are most beneficial to enhancing adolescents' well-being.

Summary of other Evidence

Title of Article: Toward the integration of education and mental health in schools. (Atkins et al., 2010)

Purpose: A perspective article and research agenda on ecological model and social network theory

Conclusion: There is a need for addressing mental health through a MTSS to integrate promotion, prevention, and interventions to the entire school.

Title of Article: Preparing occupational therapy students to address mental health promotion, prevention, and intervention in school-based practice (Blackwell et al., 2018)

Question: Are entry-level Master's level OT students prepared to address mental health concerns in the school setting?

Conclusion: There is a need for guidelines and support for entry-level programs to include this in curriculum

Title of Article: Effectiveness of school-based mental well-being interventions among adolescents: a systematic review. (Cilar et al., 2020)

Question: What interventions are effective in providing interventions in mental well-being of adolescents in school-settings?

Conclusions: More than half of interventions were effective. PPI showed mixed results. There is a need for research-based interventions.

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To further look into our evidence-based practice question, we analyzed additional articles that we found in our literature review process.

Atkins et al. (2010) published a perspective article with a research agenda and a review of research on integrating mental health services in education. They identified needs in effective ways to incorporate Social-emotional learning within schools, such as embedding mental health in the classroom, promoting social-emotional development and school success, and promoting student mental health. They concluded that there is a need for service models to integrate promotion, prevention, and interventions effectively and efficiently by looking at the entire school population, also known as Multi-Tiered Systems of Support (MTSS)

This primary research study by Blackwell et al., (2018), examines the preparedness of entry-level Master's level Occupational Therapy students to address mental health concerns in the school setting through both quantitative and qualitative data. This study asked how entry-level Master's Occupational Therapy programs prepare students to work in schools and address mental health concerns. This study suggests that occupational therapy programs should include

mental health in pediatric/school-based courses as this is an area that practitioners are qualified and trained to address. School-based Mental Health is an emerging area of practice. Still, there is a need for guidelines and support for entry-level programs to include this in the curriculum, including content and learning experiences.

Through a systematic review, Cilar et al. (2020) looked into which interventions effectively provide adolescents' mental well-being in school settings. Through the analysis of 57 articles, it was found that more than half of the interventions addressing mental health and well-being were effective. They found a need for research-based interventions to promote well-being as currently, interventions are not supported by evidence.

Summary of Other Evidence Continued

Title: Whose responsibility is adolescent mental health in the UK? Perspectives of key stakeholders (O'Reilly et al., 2018)

Question: Are teachers, mental health staff, key stakeholders, and/or students responsible for adolescent mental health?

Conclusions: MH is not the primary role of the teacher, who have limited skills to manage complex needs, but students rely on teachers for these needs to be met. MH should be addressed through a multi-tiered approach that is part of the curriculum to help students be more aware, reduce stigma, and address mental health issues.

Title: The impact of school mental health on student and school-level academic outcomes: Current status of the research and future directions (Suldo et al., 2014)

Question: What is the short and long term effectiveness of addressing subjective well being (SWB) on academic success?

Conclusion: Interdisciplinary, school mental health services through a public health lens in MH promotion have the broadest impact and can improve overall academic outcomes.

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A qualitative, primary research study by O'Reilly et al. (2018) explored who is responsible for adolescents' mental health by creating focus groups through 2 large cities in the U.K. The researchers concluded that mental health needs should be a focus in education and part of a whole school, multi-tiered approach, including all school personnel. To do this, resources, knowledge, and skills need to be provided as well as address teachers' own mental health needs. Mental health promotion, prevention of mental illness, and intervention for those diagnosed are essential within a school setting to help adolescents be more mentally health aware, reduce stigma, and address more serious mental health issues.

By summarizing the bidirectional relationship of student mental health with academic achievement and future directions of research, Suldo et al. (2014), used a literature review process to look at both short and long-term effectiveness of Subjective Well-being and academic success. School-level interventions can improve overall academic outcomes, help with funding, and meet accountability standards, though individual interventions are also critical. School Mental Health should be looked at through a public health lens in Mental Health

promotion to have the broadest impact. An interdisciplinary approach should be emphasized, with more research needed.

Summary of Other Evidence Continued

Title: Longitudinal academic outcomes predicted by early adolescents' subjective well-being, psychopathology, and mental health status yielded from a dual factor model. (Suldo et al., 2011)

Question: What is the relationship between mental health and educational functioning?

Conclusion: Externalizing psychopathology was linked to changes in school behavior, which can impact overall academic outcomes. SWB was linked to GPA and standardized test scores in math and reading.

Title: Changing knowledge and attitudes with a middle school mental health education curriculum (Wahl et al., 2011)

Question: Does the curriculum *Breaking the Silence: Teaching the next generation about mental illness* reduce stigma, discrimination, and overall mental health concerns?

Conclusion: Students investing three 45-minute sessions within the school day to this curriculum demonstrated better knowledge, more positive attitudes, and greater social acceptance of mental health and mental illness than those without.

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Suldo et al., (2011), completed a qualitative, longitudinal research study to examine the relationship between mental health and educational functioning. With the analysis of 300 participants, it was determined that long-term academic success could be linked to school attendance, which is linked to internalizing symptoms and externalizing psychopathology. Subjective well-being was linked to Grade point average and math and reading scores on standardized testing.

A Primary research study by Wahl et al., (2011), analyzed the curriculum *Breaking the Silence: Teaching the Next Generation About Mental Illness*. It was found that students who participated in the curriculum demonstrated better knowledge, more positive attitudes, and greater social acceptance of mental health and mental illness than those without instruction. Results show promise in using this small time investment to reduce future discrimination and stigma of mental illness and overall mental health concerns. This curriculum can impact acceptance, positive attitudes about, and knowledge that may reduce mental illness stigma.

Introduction to Current Research Themes

1. Mental health concerns are on the rise in youth and may influence students' ability to learn and be successful in school.
2. Multi-tiered systems of support (MTSS) address student needs across all public health levels and have been shown to improve academic outcomes, mental health, and well-being.
3. Positive Psychology Interventions (PPI) and Positive Youth Development (PYD) programs within the school setting show promise in addressing mental health promotion and prevention and subjective well-being in youth.
4. Implementation of multi-tiered systems of support benefits from strong collaborative school teams that include occupational therapy.

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The next step of the evidence-based practice process involved identifying themes found throughout our literature review and critical appraisals of relevant journal articles.

As mental health concerns in youth continue to rise, student success in school and learning may be compromised. Supporting students in mental health promotion and prevention using a multi-tiered system of support shows promise in individual interventions and school-wide and universal programming, including academic outcomes, including grades, participation, and engagement.

Using positive youth development theories and positive psychology interventions, and a public health model, school-wide programming shows promise in supporting mental health promotion and prevention and subjective well-being in youth.

Through capacity building, program implementation, and education, occupational therapists can use their training and background in mental health to address our youth's ever-changing needs as an active member of the mental health team in implementing multi-tiered systems of support.

Mental health concerns are on the rise in youth and may influence students' ability to learn and be successful in school.

- Prevalence of mental health concerns continues to rise worldwide and is a public health concern (Centers for Disease Control and Prevention, 2016, as cited in Blackwell et al., 2018, p. 77; Child Mind Institute, 2016, as cited in Bazyk et al., 2017; Blackwell et al., 2018; World Health Organization, 2016, as cited in Garcia-Carrion et al., 2019)
- Bi-directional relationship between mental health and academic success (Suldo et al., 2011; Suldo et al., 2014)
- Mental health promotion and prevention can assist students with being more mental health aware and reduce stigma (O'Reilly et. al 2018; Walter et al., 2011)

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It is estimated that more than half of mental health problems begin in adolescence, many lasting throughout the lifespan, with the World Health Organization estimating that nearly 20% of all youth are impacted by mental health concerns (World Health Organization, 2016, as cited in Garcia-Carrion et al., 2019). Mental health disorders are a significant public health concern. They are the most common health issue for school-aged children and can vary throughout the lifespan (Child Mind Institute, 2016, as cited in Bazyk et al., 2017; Blackwell et al., 2018).

By summarizing the bidirectional relationship of student mental health with academic achievement and future directions of research, Suldo et al. (2014) used a literature review process to look at both short and long-term effectiveness of subjective well-being and academic success. Researchers found that interventions that address both mental health and academics may be more beneficial than a stand-alone program in effectiveness and efficiency. According to both Quinlan et al., (2015) and Walter et al., (2019), School staff reports that mental health can present barriers to learning, disengagement within the classroom environment and is

imperative to academic success. According to Suldo et al., (2011), Subjective well-being was linked to GPA and math and reading scores on standardized testing.

A systematic review by Feiss et al. (2019), found that addressing underlying mental health concerns can help reduce clinical cases, identify and assist youth before clinical concerns arise, and reduce the stigma associated with mental health concerns.

A qualitative, primary research study by O'Reilly et al. (2018) explored who is responsible for adolescents' mental health. According to the researchers, mental health promotion, prevention of mental illness, and intervention for those diagnosed with mental health needs are essential within a school setting to help adolescents be more mentally health aware, reduce stigma, and address more serious mental health issues. (O'Reilly et al., 2018)

A Primary research study by Wahl et al. (2011) analyzing the curriculum *Breaking the Silence: Teaching the Next Generation About Mental Illness*. Students who participated in the curriculum demonstrated better knowledge, more positive attitudes, and greater social acceptance of mental health and mental illness than those without instruction.

Multi-tiered systems of support (MTSS) address student needs across all public health levels and have been shown to improve academic outcomes, mental health, and well-being.

- Anxiety and depression interventions showed significant reduction in symptoms (Feiss et al., 2019)
- Public Health model can address the needs of all students and is strongly supported (Arbesman et al., 2013; Bozyk et al., 2017; Suldo et al., 2014)
- There is a need for service models to address the entire school population (Atkins et al., 2018)
- Interventions addressing mental health and well-being can be effective (Cisar et al., 2020)

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The second theme found through my research was that Multi-tiered systems of support (MTSS) address student needs across all public health levels and have been shown to improve academic outcomes, mental health, and well-being.

Feiss et al., (2019), the systematic review examined the results of 42 different studies concerning school-based interventions in reducing anxiety, stress, and depression in adolescents. Anxiety interventions, regardless of dose, as well as depression interventions, showed significant results in reducing anxiety and depression when compared to a control group.

By examining and interpreting results from 124 journal articles, Arbesman et al., (2013), found that substantial evidence supports interventions through a public health model of mental health. Suldo et al., (2014), stated that School Mental Health should be looked at through a public health lens in mental health promotion to have the broadest impact. School-level interventions can improve overall academic outcomes, help with funding, and meet

accountability standards, though individual interventions are also necessary. And Bazyk et al., (2017), stated that Through a paradigm shift, adopting a public health model, all school personnel are empowered, prepared, and encouraged to address all students' mental health needs.

Through a perspective article, Atkins et al., (2010), concluded that there is a need for service models to look at the entire school population, also known as Multi-tiered systems of support, to integrate promotion, prevention, and interventions effectively and efficiently.

Through a systematic review, Cilar et al. (2020) looked into which interventions effectively provide adolescents' mental well-being in school settings. An analysis of 57 articles looking at school-based interventions found that more than half of the interventions addressing mental health and well-being were effective.

Positive Psychology Interventions (PPI) and Positive Youth Development (PYD) programs within the school setting show promise in addressing mental health promotion and prevention and subjective well-being in youth.

- Well-being, happiness, and flourishing are associated with PPI (Cilar et al., 2020)
- Interactive interventions showed positive effects (Garcia-Carrion et al., 2019)
- Changes were seen in positive affect, engagement, strengths use, relatedness, engagement, autonomy through "Awesome Us" curriculum use (Quinlan et al., 2015)
- Challenge: To Be+ improved student satisfaction with life and self-esteem (Freire et al., 2018)
- School-Based PPI may improve student well-being (Rath et al., 2017)

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Interventions targeting positive youth development (PYD) using positive psychology interventions (PPI), including subjective or student well-being within school settings, may assist in the prevention of psychopathology, improvement in life satisfaction, reduction of stress, depression/depressive symptoms, anxiety in adolescents, improved classroom relationships, academic engagement, improved GPA, improved math and reading scores, overall improved student well-being, and are deemed to be beneficial to all.

According to Cilar et al., (2020), Positive Psychology interventions are associated with happiness, well-being, and flourishing, in which there is a link between happiness and decreasing depressive symptoms.

Through a systematic review of eleven published studies, positive effects were noted in well-being, self-concept, self-esteem, self-efficacy, and empowerment through interactive interventions (Garcia-Carrion et al., 2019)

In New Zealand, a strengths-based curriculum entitled "Awesome Us" was studied by Quinlan et al. (2015). Preliminary evidence of 196 subjects was shown that classroom-based

intervention on strengths showed positive results in well-being, engagement, and class cohesion (Quinlan et al., 2015).

Gains in positive affect and life satisfaction in youth (ages 11-13) who participated in a small study of 42 students aimed at measuring student well-being did not meet significance due to small sample size but show promising results for further research in the use of youth-focused, small group, multi-targeted positive psychology interventions to address student well-being (Roth et al., 2017).

Implementation of multi-tiered systems of support benefits from strong collaborative school teams that include occupational therapy.

- Identifying interdisciplinary support and resources is important (Atkins et al., 2010; Bazyk et al., 2015; Suldo et al., 2014)
- MTSS with a collaboration with a hospital, can effectively address MH needs of youth (Wolter et al., 2019)
- All school personnel should be a part of mental health education and needs (O'Reilly et al., 2018)
- Interdisciplinary approaches should be emphasized (Suldo et al., 2014)
- Growing research in the field of occupational therapy in mental health promotion and prevention (Bazyk et al., 2015)

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An essential aspect of implementing mental health within the school setting is identifying support personnel and resources within the school willing to be change agents and leaders, balancing the need for services, prioritizing services to meet the needs of all students, and feeling empowered to change systems based on current knowledge and research (Atkins et al., 2010; Bazyk et al., 2015). School mental health teams, including professionals from multiple disciplines, including mental health providers, including psychologists, social workers, guidance counselors, occupational therapists, etc.), educators, nurses, school administrators, and families, work together to benefit students and schools through partnerships and initiatives to meet the needs of all students (Bazyk et al., 2017; Suldo et al., 2014).

Multi-Tiered Systems of support, used through a collaboration with a school and a hospital, can effectively begin to address youth's mental health needs by expanding the availability of services, capacities of services, and accessibility of services to youth. Using this

type of approach, early intervention, reaching students at higher risk, prevention/promotion, early identification, and crisis management can be more efficiently addressed (Walter et al., 2019)

O'Reilly et al., (2018), concluded that mental health needs should be a focus of education and part of a whole school, multi-tiered approach, including all school personnel.

An interdisciplinary approach should be emphasized, with more research needed. (Suldo et al., 2014)

The core value of occupational therapy lies in assisting people in engaging in meaningful and enjoyable occupations entirely fits right in with addressing mental health, positive emotions, and well-being in school and community settings (Bazyk et al., 2015). Support and resources to integrate occupational therapists' knowledge and skills in mental health promotion and prevention could assist teachers, administrators, support services, and most importantly, students in addressing underlying mental health needs.

Implications for Practice and Research

- Mental Health needs of all students need to be a priority (Feiss et al., 2019)
- Academic benefits of interventions need to be studied further (Suldo et al., 2014)
- Research and Funding is necessary if mental health is to be the responsibility of school personnel (O'Reilly et al., 2018)
- Capacity building for occupational therapists could impact practice (Bazyle et al., 2015)

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The final part of this evidence-based practice project looked at the future implications both for practice and research.

According to Feiss et al., (2019), there are benefits from programs on a wide range of students, even those not meeting clinical criteria for interventions. These programs may assist in preventing clinical cases through teaching coping skills before a crisis occurs. They may help reduce the stigma surrounding mental health disorders and may assist students who are just "under the radar" for targeted interventions. (Feiss et al., 2019). This can help school personnel meet these students' needs before needing more intense interventions, maybe even eliminating the need in some cases.

Researchers need to examine what academic domains are the most important for research and what best describes academic success at both individual and school-wide levels (Suldo et al., 2014). By doing this, researchers can look at the effectiveness and efficiency of programs while identifying ways to help students meet academic success.

As there are many different programs out there, the investigation into the most effective and efficient programs is necessary to ensure that practitioners are using these with students. As this is a multi-disciplinary area of practice, key stakeholders need to collaborate. If mental health is to be school personnel's responsibility, more funding needs to be directed to research and training (O'Reilly et al., 2018).

Occupational therapists are and should be an active member of the school mental health team. Arbesman et al., (2013), found that activity and occupation-based programs can be beneficial to all youth. In a study by Bazyk et al. (2015), significant changes were noted in occupational therapist and occupational therapy assistance in understanding usage and beliefs in using a public health model to address mental health. This was accomplished through a capacity-building process of a community of practice. Participating therapists felt empowered to potentially change their way of practice in pediatrics. Helping occupational therapists and other professionals understand and embrace their role in student mental health is an essential next step.

Take Home Messages

- Student mental health is an area of concern from multiple perspectives
- MH impacts student success
- Interventions using MTSS show promise, but there is lack of consistency in approaches and research
- PPI and PYD are interdisciplinary techniques that could benefit all students using a MTSS framework
- Mental health promotion and prevention can be addressed through interdisciplinary approaches, including Occupational therapy
- Research, policymaking, curriculum design, and program implementation are all areas of need

Slide 25

Student mental health is a topic that shows a growing need at an international level. With rising mental health instances impacting youth and beyond, it is no surprise that it impacts student success in the academic setting. Students struggle academically with grades, engagement, participation, and overall success without positive mental health through a bidirectional relationship, with mental health impacting grades and academic success impacting overall mental health. However, school staff do not feel they are equipped or have the resources to adequately address all students' mental health needs. Through a multi-tiered system of support rooted in a public health model of mental health, professionals can help meet all students' mental health needs through promotion, prevention, and interventions. Positive youth development and positive psychology interventions promise to address character strengths, positive emotions, social-emotional learning, and preventing psychopathology, leading to higher academic engagement, participation, and success.

School mental health can be addressed through mental health teams, including professionals from multiple disciplines. Collaboration with professionals and key stakeholders

committed to making universal changes in addressing youth mental health, quality programs, and initiatives based on evidence can be designed, researched, and implemented.

Occupational therapists, with roots in mental health, have an opportunity to assist schools in meeting the mental health needs of children and youth through tiered programming in mental health promotion and prevention.

Student well-being and mental health are not only concerns in schools but are a public health concern. Allowing opportunities built into their school days, students can benefit from enjoyable activities through school-wide initiatives. Using a multi-tiered approach, all youth can benefit from services being offered to promote mental health promotion and prevention and overall well-being. Through continued research, policymaking, curriculum design, and implementation of programming, school mental health practitioners, including occupational therapists, have an opportunity to impact students' mental health and well-being at school and beyond.

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Questions and Discussion

Contact Information:
ssgreene112@stkate.edu

That is the conclusion of my presentation. If you have not had a chance to add your questions, please do so in the chat now. The link for my survey will also be in the chatbox, and I would greatly appreciate any and all feedback. Thank you again.

Appendix A.2: Proposal

Event Name:**Evidence-Based Practice Across the Lifespan: Three Knowledge Translation Projects****Date of Event:** TBD (third or fourth week of January, 2021)**Start Time:** TBD (evening)**End Time:** TBD**Agenda (include breaks and registration time to calculate accurately for CEU)**

30 minutes	Adolescent Mental Health Promotion and Prevention through Multi-Tiered Systems of Support (Sarah S. Greene, MS, OTR/L)
10 minutes	Questions and Discussion
5 minutes	Break
30 minutes	Screening for Post-Stroke Visual Impairment: Implications for Occupational Therapy Practice (Deanna Lensing, MOT, OTR/L, CBIS)
10 minutes	Questions and Discussion
5 minutes	Break
30 minutes	Caregiver Burden and Dementia: A Community-Based Education Approach (Kate Turner, OTR/L)
10 minutes	Questions and Discussion

Members only? No**Educational Level:** Introductory/Intermediate**Event Location** St. Catherine University

Virtual Online Continuing Education Session

Session 1:

Event Description: (50-100 words)

This session will discuss the relationship between student academic success and mental health. The Multi-Tiered Systems of Support (MTSS) model addresses mental health promotion and prevention through a public health model. This research project examined evidence to support using an MTSS model to address mental health and well-being within the academic setting to support students' academic success.

Speaker Bio: Sarah S. Greene, MS, OTR/L, obtained her bachelor's degree in occupational therapy and psychology from St. Catherine University. She has worked in pediatrics in both clinical and school settings. Sarah is a current student in the post-professional Doctor of Occupational Therapy program at St. Catherine University. This project was guided by Dr. Julie Bass as part of an Advanced Evidence-Based Practice course. Contact for more information: ssgreene112@stkate.edu

Learning Objectives:

- Explain the importance of the relationship between mental health and academic success to further advocate for the mental health needs of youth
- Describe mental health promotion and prevention school programs that use a Multi-Tiered Systems of Support based on a public health model
- Illustrate further needs in practice and research for multi-disciplinary teams, including occupational therapy, to address mental health prevention and promotion within school-based practice

Session 2:

Event Description: (50-100 words)

This session will provide an overview of evidence on screening for post-stroke visual impairment. The presentation will discuss: (1) the prevalence and under-diagnosis of post-stroke visual impairment, (2) heterogeneity in assessment practices and recommendations to improve consistency, (3) visual and visual-perceptual screening tools; and (4) the role of occupational therapy in screening for post-stroke visual impairment.

Speaker Bio: Deanna Lensing, MOT, OTR/L, CBIS graduated with her Master's degree in occupational therapy from St. Ambrose University and has spent the last three years working in a stroke specialty inpatient rehabilitation facility. Deanna is a current student in the post-professional Doctor of Occupational Therapy program at St. Catherine University. This project was guided by Dr. Julie Bass as part of an Advanced Evidence-Based Practice course. Contact for more information: dmlensing722@stkate.edu

Learning Objectives:

- Discuss the common visual consequences of stroke and their relative prevalence
- Apply the core outcome set for vision screening to reduce inconsistencies in practice
- Articulate the role of occupational therapy in screening for post-stroke visual impairment
- at an early time-point post-stroke

Session 3:

Event Description: (50-100 words)

This session will describe caregiver training to support dementia care and reduce caregiver burden. Community-based education programs have a positive impact on overall caregiver quality of life and caregiver confidence. Community-based education programs with occupational therapy components are especially effective through their focus on activities of daily living, modification to the environment, and collaborative and individualized goals specific to the needs and individual performance patterns.

Speaker Bio: Katherine Turner, MAOT, OTR/L, graduated with her Master's degree in occupational therapy from St. Catherine University and has worked in skilled nursing, home health, and community-based settings working with elders and caregivers. Katherine is a current student in the post-professional Doctor of Occupational Therapy program at St. Catherine University. This project was guided by Dr. Julie Bass as part of an Advanced Evidence-Based Practice course. Contact for more information: kmtturner171@stkate.edu

Learning Objectives:

- Define caregiver burnout and burden
 - Discuss the importance and effectiveness of community-based education for caregivers.
 - Describe programs using occupational therapy components in community-based training programs for caregivers.
-

Appendix A.3: Google Form Survey

Adolescent Mental Health Promotion and Prevention through Multi-Tiered Systems of Support

Sarah S. Greene, MS, OTR/L

ssgreene112@stkate.edu

* Required

Please indicate how well the presentation met the stated learning objective 1. Explain the importance of the relationship between mental health and academic success to further advocate for the mental health needs of youth *

Not at all				Very well
1	2	3	4	5

Please indicate how well the presentation met the stated learning objective 2. Describe mental health promotion and prevention school programs that use a multi-tiered systems of support based on a public health model *

Not at all				Very well
1	2	3	4	5

Please indicate how well the presentation met the stated learning objective 3. Illustrate further needs in practice and research for multi-disciplinary teams, including occupational therapy, to address mental health prevention and promotion within school-based practice *

Not at all				Very well
1	2	3	4	5

Please indicate how well the content of the presentation was organized *

Not at all				Very well
1	2	3	4	5

Please indicate your overall impression of the presenter's ability to communicate this material *

Not at all

1

2

3

4

Very well

5

Please add any additional comments or suggestions. Thank you.

Your answer



Submit

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Forms

Appendix B: A Knowledge Translation Project in Mental Health Promotion for Students and Staff

Appendix B.1: Week 1

Discover your Grateful Self

Teachers:

Please complete before first week:

Google Form: Staff Pre-Lesson Feedback

Introduction Video: Week 1: Teacher Video (Running Time 8:30)

Set-up VIA account: www.viacharacter.org

Complete VIA Strengths Inventory

Student Lessons for Week 1:

Week 1: Student Video 1 (Running Time 3:18)

The Science of Character (Shlain, 2014) (Running Time 8:04)

Week 1: Student Video 2 (Running Time 1:41)

Complete VIA Character Strengths Inventory (VIA Institute on Character, 2021a)

Post-Lesson Google Forms:

Students

5th Grade Week 1 Form

6th Grade Week 1 Form

7th Grade Week 1 Form

8th Grade Week 1 Form

Staff Week 1 Form (same as student)

Teacher

Staff Post-Lesson Feedback

"When you notice and appreciate character strengths in children you are helping them explore and cultivate the positive qualities that come most naturally to them. They are encouraged and motivated to use their top strengths because those are the strengths that make them feel energized and authentic." (VIA Institute on Character, 2021b, para. 1)

Week 1 Staff Introduction Video**Key Points**

- Personal Introduction
- Introduction of the lesson series
 - Why are we doing this?
 - How are we doing this?
 - When are we doing this?
 - Who to contact with questions
 - Importance of ongoing feedback, including Google Forms and verbal feedback
- Greater Good Science Center Program *Thanks! A Strengths-Based Gratitude Program for Tweens and Teens*, part of the GGSC Youth Gratitude Project (GGSC, n.d.)
- Outline of the lesson series (6 weeks)
- Character Strengths – what are they?
- VIA Character Strengths Survey (VIA Institute on Character, 2021a)
- Importance of participation by all (students and staff)
- Key research
 - Character Strengths
 - Gratitude
 - VIA Survey
- What to do for Week 1 (Lesson Outlines)

Week 1 Student Video 1**Key Points**

- Personal Introduction
- Introduction of Lesson Series
- GGSC Slides 1-2 (GGSC, n.d.)
- Introduction to next video
 - Gratitude
 - Character Strengths (Read through the list of 24) (VIA Character)
 - Write down what you think your Top 5 Strengths will be
- Introduction to The Science of Character (Shlain, 2014) video

The Science of Character (Shlain, 2014) (Running Time 8:04)

Week 1 Student Video 2**Key Points**

- Video recap
- Introduction of VIA Character Strengths Indicator
- Follow-up directions
 - Take VIA Survey
 - Write Down Top Character Strengths
 - Complete Google Form

Google Form Questions – Week 1**Staff Pre-Lesson Feedback**

1. How comfortable are you with talking about character with your students?
2. When you think of the words "Character Strengths", what do you think of?
3. What are the biggest areas of need that you are seeing in your students during this different year? Please check all that apply.
4. What strengths do you see in your students during this different year?
5. What 5 character strengths do you feel you understand the most?
6. What 5 character strengths do you feel you understand the least?
7. What do you think your Top 5 Character Strengths will be?
8. Please feel free to reach out if you have any questions, concerns, or comments.

Week 1 – What are your Strengths? (Students and Staff)

1. What is your Top Character Strength, according to the VIA Character Strength Indicator?
2. What is your #2 Character Strength?
3. What is your #3 Character Strength?
4. What is your #4 Character Strength?
5. What is your #5 Character Strength?
6. What 5 Character Strengths do you feel you understand the most?
7. What 5 Character Strengths do you feel you understand the least?
8. How did you like the lesson?

Appendix B.2: Week 2**Sharing your Character Strengths**

“The greatest good you can do for another is not just share your riches, but to reveal to them their own” - Benjamin Disraeli

Teachers:

Prepare Student VIA Character Results (by grade/class and individual) to share with students prior to lesson

Student Lessons:

Week 2 Student Lesson (Running Time 12:33)

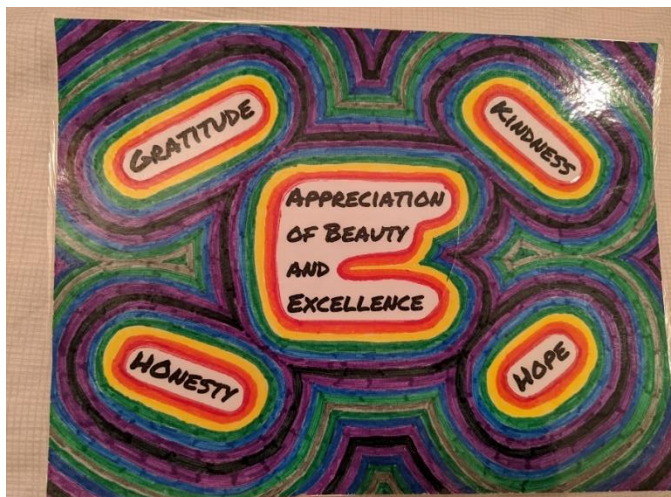
Discussion: To complete after the video (instructions at end of the video). All as time permits!

- Reflection on strengths with each other or as a class
- How can you use your strengths?
- Create something with your strengths (example below - but this is just one idea! Use Creativity!)
- How do you practice gratitude every day?

Post-Lesson Google Form:

Staff Feedback - Week 2

Activity Example:



Week 2 Student Video:

Key Points

- Introduction of the week (GGSC, n.d.)
- Character Strengths (VIA Character Strengths, 2021a)
- Results of grade level and whole school top character strengths (calculated from Google Forms)
 - What are your top 5?
 - Looking at bottom 5 – these are not weaknesses, just not our “go-to” strengths
 - Discussing my top strengths
 - These are all strengths and there is no right/wrong of character strengths – they are what make everyone unique
 - Slide Show explaining all of the character strengths (pictures and verbal explanation/basic definition)
 - There are overlaps in character strengths, such as love/kindness, appreciation of beauty and excellence/gratitude
- Results of grade level and whole school top character strengths (calculated from Google Forms)
- Express Gratitude for active participation
- Follow-up directions
 - Talk and share with each other about your character strengths
 - Look at how you can use your character strengths
 - How can you use gratitude, the top strength in the school, everyday?
 - Create something with your character strengths and share it
 - A picture
 - Write what they mean to you
 - Create a poem
 - Make computer word art
- Express Gratitude for active participation

Google Form Questions – Week 2**Staff Post-Lesson Feedback**

1. What went well in the lesson for week 2? This will help with planning the upcoming weeks.
2. What improvement would you make in week 2? This will help with planning the upcoming weeks.
3. What was the overall class response?
4. What did you do at the end for reflection with your advisory?
5. Was there anything that surprised you with this week's lesson, how the class responded, how the reflection went, what students plan to do creatively with their strengths, etc.?
6. Please share any other ideas, suggestions, insights, feedback, etc. for the coming weeks. Thank you all again!

Appendix B.3: Week 3**See the Good Challenge****Student Lessons:**

Student Video 1 - Week 3 (Running time 2:09)

Nature. Beauty. Gratitude. (Schwartzberg, 2014), (Start Video at 2:17 (or 3:31) - (Running time 7:09)

Discussion topics after video with the class

- What did you think?
- What did you learn?
- What did you feel?
- What were your thoughts?
- What other character strengths did you notice?

Student Video 2 - Week 3 (Running time 7:29)

The Science of Gratitude (Tremendousness, 2016), (Running time 2:07)

If time permits, review what students created last week with their top 5 strengths.

Post-Lesson Google Form:

Week 3 Staff Feedback

References for Staff:

VIA Strengths Print-out (VIA Institute on Character, 2021)

"Gratitude unlocks the fullness of life. It turns what we have into enough, and more. It turns denial into acceptance, chaos to order, confusion to clarity. It can turn a meal into a feast, a house into a home, a stranger into a friend. Gratitude makes sense of our past, brings peace for today and creates a vision for tomorrow." – Melody Beattie

Week 3 Student Video 1

Key Points

- Gratitude (Slides from GGSC, n.d.)
 - What is Gratitude?
 - Introduction of Nature. Beauty. Grateful. (Schwartzberg, 2011)
 - Character Strength spotting in video

Nature. Beauty. Gratitude. (Schwartzberg, 2014), (Start Video at 2:17 (or 3:31) - (Running time 7:09)

Week 3 Student Video 2

Key Points

- Reflection of video, including character strengths noticed
- Science of Gratitude (with slides) (GGSC, n.d.)
 - Positive emotion
 - Physical health outcomes
 - Strengthens relationships
 - Overall happiness
- Practice Gratitude (GGSC, n.d.)
 - Write down three things you are grateful for in 1 minute
 - Gratitude challenge – see the good in your everyday life
- Follow-up directions
 - Challenge yourself to see the good around you
 - Write down three things that you are grateful for every day
- Introduction of The Science of Gratitude (Tremendousness, 2016)

The Science of Gratitude (Tremendousness, 2016), (Running time 2:07)

Google Form Questions – Week 3**Staff Feedback**

1. What went well in the lesson for week 3? This will help with planning the upcoming weeks.
2. What improvements would you make in week 3? This will help with planning the upcoming weeks.
3. What was the overall class response?
4. Was there anything that surprised you with this week's lesson, how the class responded, how the reflection went on the video, what students plan on doing with to practice gratitude, etc.?
5. Please share any other ideas, suggestions, insights, feedback, etc. for the coming weeks. Thank you all again!

Appendix B.4: Week 4**When You Should Feel Grateful/Seeing the Good in Others****Student Lessons for Week 4:**

Check in to see how Gratitude Journals went this week.

Student Video 1 (Running time 5:13)

Questions to talk about after Video 1:

- Good Week Reflection (GGSC, n.d.)
- Subtracting Good Things (GGSC, n.d.)
- What did I write down?
- What was the cost/benefit of what I was grateful for?
- What did the person have to do to make that happen?
- How did what you were grateful for impact you?
- What if I took that something away?

Student Video 2 (Running time 9:43)

Questions to talk about after Video 2:

- Do you look at the world in a positive or negative way?
- How does it feel to look at the world negatively? Positively?
- How does it feel when others look at the world negatively? Positively?
- Are you a "Bucket Filler" or a "Bucket Dipper"?
- What are you going to do this week to practice gratitude and share positivity with others?

Post-Lesson Google Form:

Staff Feedback, Week 4

"If you want to lift yourself up, lift up someone else."

- Booker T. Washington

"How wonderful it is that nobody need wait a single moment before starting to improve the world." - Anne Frank

Resources:

Three Good Things practice for Students (GGSC, 2019b)
Gratitude Journal for Students (GGSC, 2019a)

Week 4 Student Video 1

Key Points

- Check-in on Gratitude Journal
- Gratitude (GGSC, n.d.)
- Follow-up direction
 - What does it mean to be grateful?
 - When should you be grateful?
 - Intention, cost, and benefits of others doing kind things for us
 - Did the person do it on purpose?
 - Did their help benefit you?
 - What did the act cost the other person?
- Follow-up direction
 - Reflect on an entry in your Gratitude Journal
 - Good Week Reflection (GGSC, n.d.)
 - Subtracting Good Things (GGSC, n.d.)
 - Reflect as a class

Week 4 Student Video 2

Key Points

- Expressing Gratitude
- Noticing all around you
 - Critical for all relationships
 - Communicate how important others are to us, how they matter, how they make a difference in our lives
- Noticing all that is around you (GGSC, n.d.)
 - Rewiring our brains to notice what is around us, the positives
 - Practicing gratitude will help us to look at more things with gratitude
 - Benefits of noticing the positives versus the negatives
- Bucket Fillers
 - Bucket filler versus Bucket Dipper
 - How to be a Bucket Filler, even to those that you don't get along with
 - *"If you want to lift yourself up, lift up someone else."* – Booker T. Washington
 - When you take from other's buckets – bullying, bringing others down, criticizing
 - Every day is our choice

"How wonderful it is that nobody need wait a single moment before starting to improve the world." - Anne Frank

Google Form Questions – Week 4**Staff Feedback – Week 4**

1. What went well in the lesson for week 4? This will help with planning the upcoming weeks.
2. What improvements would you make in week 4? This will help with planning the upcoming weeks.
3. What was the overall class response?
4. Was there anything that surprised you with this week's lesson, how the class responded, how the reflection went on the video, what students plan on doing to practice gratitude and positivity, etc.?
5. Please share any other ideas, suggestions, insights, feedback, etc. for the coming weeks. Thank you all again!

Appendix B.5: Week 5**Noticing Character Strengths in Ourselves and Others****Students Lessons:**

Student Video 1 (Running Time 7:39):

Discussion points for after Video 1:

- Think about strengths in others and what we see in each other
- Talk about how unique everyone is in their character strengths!

Student Video 2 (Running Time 12:17):

Discussion points for after Video 2:

- Share and talk about your strengths and the strengths of others
 - Share your creative strengths project
 - Share your strengths with others and listen to others as they share theirs
 - Notice the strengths of others
- Were you surprised by any of the little ways you can show and practice your strengths?
- Do you have a better understanding of any of the strengths, how you can use them, what they mean?
- Any "a-ha" moments about what some strengths mean?

Kid President 25 Reasons to be Thankful (SoulPancake, 2015), Running Time 3:46)

Take-home ideas/challenges for the week:

- Look for the strengths in ourselves and others
- Find ways to appreciate the gifts that we have to share and the good qualities of our friends.
- Be a bucket filler, looking at the character strengths of others
- Think about a time when someone did NOT notice you or a talent of yours. How did that make you feel? Then think about a time someone DID notice you or a talent of yours. How did that make you feel?
- We are going to continue to try to be Bucket Fillers (GGSC, n.d.), offering positivity and gratitude to others. Every day, I want to challenge you to find a way to help "fill" someone's bucket. Be it a compliment, a word of thanks, a smile, acknowledging someone's strengths, or something else, try to make this a daily practice.
- Continue your gratitude journal (GGSC, n.d.). Write down daily what you are grateful for.

Post-Lesson Google Form:**Week 5 Staff Feedback**

"In a real sense all life is interrelated. All persons are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly. I can never be what I ought to be until you are what you ought to be, and you can never be what you ought to be until I am what I ought to be. This is the inter-related structure of reality." - Martin Luther King, Jr.

Week 5 Student Video 1**Key Points**

- Check-in on filling buckets
- Character Strengths
 - We are all made up of all of the 24 strengths – they are what make us unique
 - 600 sextillion combinations of the 24 strengths (Niemiec & McGrath, 2019)
 - 5.1 million possible combinations of Top 5 (Niemiec & McGrath, 2019)
 - Who you are as a person, what others admire, respect, and cherish about you, our basic being and doing
 - Difference between character strengths, personal strengths, interests, abilities, talents, and passions
 - Essential, effortless, and energizing (Niemiec & McGrath, 2019)
 - Use in everyday life
- Looking at the positive rather than negative of ourselves and others (Niemiec & McGrath, 2019)
- Using Character Strengths (Niemiec & McGrath, 2019)
 - Looking at our strengths impacts health, resilience, and handling difficulties
 - How to use strengths versus negative experiences in our futures
- Using Character Strengths (Niemiec & McGrath, 2019)
 - Character strengths work together
 - Knowing and understanding helps us become more aware of who we are
 - Recognizing how we use character strengths in big and little ways
 - Helps us understand others
- Follow-up direction
 - Think about strengths in others and what we see in each other
 - Talk about how unique everyone is in their character strengths!

Week 5 Student Video 2**Key Points**

- Character Strength Review (with slides)
 - What character strength means
 - How we may see it in ourselves and others (Niemiec & McGrath, 2019)
- Sharing character strength project
 - Share yours
 - Pay close attention to the strengths of others
 - How can you use your strengths and that of your classmates to fill buckets?
- Follow-up directions
 - Find ways to appreciate our strengths and that of others
 - How does it feel when others do not notice your strengths? When others notice?
 - Continue to be a Bucket Filler (GGSC, n.d.)
 - Continue your Gratitude Journal
- Introduction to 25 Reasons to be Grateful Video (SoulPancake, 2015)
- Gratitude for allowing to be part of lessons

Kid President 25 Reasons to be Thankful (SoulPancake, 2015)

Google Form Questions – Week 5

Staff Feedback – Week 5

6. What went well in the lesson for week 5? This will help with planning the upcoming weeks.
7. What improvements would you make in week 5? This will help with planning the upcoming weeks.
8. What was the overall class response?
9. Was there anything that surprised you with this week's lesson, how the class responded, how the reflection went on the video, what students plan on doing to practice gratitude and positivity, etc.?
10. Please share any other ideas, suggestions, insights, feedback, etc. for the coming week. Please let me know if you would like to talk about any of this as well. Thank you all again!

Appendix B.6: Week 6**Seeing the Good in Others and Thank You for Believing in Me****Student Lessons:**

Student Video 1 (Running Time 5:31)

What Teens are Thankful For (GGSC, 2019c), (Running Time 2:08)

Student Video 2 (Running Time 8:30)

Students Surprise Teachers with Gratitude (Valley Park School District, 2018), (Running Time 4:48)

To Complete:

Gratitude Letter (GGSC, n.d.)

Post-Lesson Google Forms:

For Students:

5th Grade Post Lesson Feedback

6th Grade Post Lesson Feedback

7th Grade Post Lesson Feedback

8th Grade Post Lesson Feedback

For Staff:

Staff Post Lesson Series Feedback

"The influence of teachers extends beyond the classroom, well into the future. It is they who shape and enrich the minds of the young, who touch their hearts and souls. It is they who shape a nation's future." - F. Sionil Jose

Resources:

Gratitude Letter Template (GGSC, n.d.)

Week 6 Student Video 1**Key Points**

- Welcome to the last week of the lesson series
- Reflection on what has been learned
- Helping others and cost/benefits involved (review)
- Thinking Gratefully about how others have supported and helped you
 - Small things add up
 - Expressing gratitude, even for the small things
- Introduction of video in expressing gratitude

Science of Happiness - What Teens are Thankful for (GGSC, 2019c)

Week 6 Student Video 2**Key Points**

- Video Reflection
- Strengths Spotting (Niemiec & McGrath, 2019)
 - Notice in what you do
 - Notice character strengths around you
- Learning by observing others (Niemiec & McGrath, 2019)
- As you look for character strengths around you, you will see more
- Follow-up directions
 - Write a letter of gratitude (GGSC, n.d.)
 - Share the letter with them
- Share letter of gratitude to all who have participated
- Introduce Video in expressing gratitude by students

Students Surprise Teachers with Gratitude (Valley Park School District, 2018)

Gratitude Letter Example:

Dear Middle School Students and Staff,

Thank you for participating in my strengths lesson series. This has really helped me to share my love of learning of character strengths and positivity with all of you and means a lot to me. I really appreciate how you trusted me to share this lesson series with all of you and allowed me to use my creativity in designing it, without judging me when I messed up my words or fumbled a little bit. I realize that my lessons are a bit different than the typical lessons of the school day but I appreciate you being open and honest with completing these lessons. Your actions show me that you all care about yourself and each other, seeing how important this school community is to each and every one of us, and reaffirming that we are all there for each other, to learn and grow even in adversity. Thanks to all of you, I want to continue learning about how our character strengths can help us to take care of ourselves and others, as well as continue to spread the importance of understanding them to others. I hope you have enjoyed learning along with me and I look forward to hearing how you were able to use your character strengths and gratitude soon! I hope you continue to write in your gratitude journal and fill others buckets because small things can make big changes. Please continue to share your strengths with others as you are making the world a better place just by being uniquely you!

With gratitude,

Mrs. Greene

Google Form Questions – Week 6**Staff Feedback – Post Lesson Series**

1. When you think of the words "Character Strengths", what do you think of?
2. Do you think this lesson series was beneficial to your students?
3. Do you think this lesson series was beneficial for you?
4. What 5 Character Strengths do you feel you see most in your students?
5. What 5 Character Strengths do you see the most in the middle school staff?
6. What did you learn from the advisory lesson series on Character Strengths?
7. What did you learn the most about during the strengths lessons?
8. Would you like to continue to learn more about Character Strengths?
9. Did you participate in the Gratitude Journal Activity?
10. Did you create something using your character strengths?
11. Are you planning on writing a gratitude letter?
12. Anything you would like to change about the strengths lessons?
13. How comfortable are you with talking about character with your students?
14. Which of your top character strengths are you most proud of?
15. Which 5 Character strengths do you feel you understand the most?
16. Which 5 Character strengths do you feel you understand the least?
17. How did you like the lesson series?
18. Thank you again for participating and trusting me! Any other insights/questions/concerns/ideas/etc., please share with me. Also, any quotes/images/take-always that you have from the kids, I would greatly appreciate!

Student Feedback – Post Lesson Series

1. What 5 character Strengths do you feel you understand the most after the lesson series?
2. What 5 Character strengths do you feel you understand the least after the lesson series?
3. What did you learn from the advisory lesson series on character strengths?
4. Which of your top character strengths are you most proud of?
5. Would you like to continue to learn more about character strengths?
6. Did you participate in the Gratitude Journal Activity?
7. Did you create something using your character strengths?
8. Are you planning to write a gratitude letter?
9. Anything you would change about the Strengths lessons?
10. What was your favorite part of the strengths lesson series?
11. What did you learn the most about during the strengths lessons?
12. How much do you feel you learned from the lesson series?
13. How did you like the lesson series?

Appendix C: A Knowledge Translation Project for Occupational Therapy Practitioners on Advocating for and Implementing Mental Health Promotion in School-Based Practice

Appendix C.1: Minnesota School-Based OT/PT Institute 2022 Preliminary Proposal



SPEAKER PROPOSAL

2022 - Minnesota School-Based OT/PT Institute

October 2022

Please complete and return to: "Minnesota School-Based OT/PT Institute" via email:
mnotpt@gmail.com

SPEAKER CONTACT INFORMATION

SPEAKER NAME & CREDENTIALS:	Sarah S. Greene, MS, OTR/L (PP-OTD, expected graduation May 2021)		
STREET ADDRESS:		CITY:	
STATE:	MN	ZIP CODE:	
TELEPHONE:		EMAIL:	ssgreene112@stkate.edu

SESSION(S)

TITLE OF SESSION 1:	Advocating for the Role of Occupational Therapy in Mental Health Promotion in School-Based Practice
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BRIEF DESCRIPTION OF SESSION:

Mental health and well-being impact academic success, engagement, involvement in extracurricular activities, with the potential for lifetime implications. Occupational therapy practitioners have a unique perspective and background knowledge to address mental health across the lifespan, including within the school setting. Practitioners in the school setting, however, are often not looked to for their expertise in this area. Looking at the literature's evidence, including multi-tiered systems of support, positive psychology intervention, positive youth development, and occupational therapy resources, occupational therapists' role in mental health is evident and crucial, with schools being an ideal place to address mental health promotion initiatives. Therapists should feel empowered to advocate for their role while supporting children and youth to assist with academic success and beyond. This poster will outline definitions, AOTA resources, evidence based research, and areas of need in advocacy to best serve all students within a school setting.

3-5 LEARNING OBJECTIVES:

1. Understand their role in school-based practice in mental health promotion using MTSS
2. Utilize research and resources to advocate for their role in mental health promotion within school-based practice
3. Identify at least two tools that they can use to advocate for their role as an occupational therapy practitioner to assist them in their practice with children and youth

4. Reframe the importance of occupational therapy addressing mental health promotion in children and youth within the school-based setting

SPEAKER PROFILE**SHORT BIOGRAPHY** *(Please provide a **short** biography, including educational background.):*

Sarah Greene, MS, OTR/L, has been a practicing occupational therapist for almost 20 years. She has spent the majority of her career in pediatrics, including clinic and school-based services. Over the years, she has seen a shift in her students' needs, from physical needs to more mental health needs. She is a believer in emphasizing the strengths of students to assist them in meeting their potential. She graduated from The College of St. Catherine in 2001 with her bachelor's degree in occupational therapy and psychology and Mount Mary University in 2019 with her Master of Science in Occupational Therapy. She will complete her post-professional doctorate in occupational therapy in May of 2021 from the University of St. Catherine.



Appendix C.2: Poster Presentation



Advocating for the Role of Occupational Therapy in Mental Health Promotion in School-Based Practice

Sarah S. Greene, MS, OTR/L, PP-OTD Student
St. Catherine University

Background

- Mental health problems, which often arise in the adolescent years, a time of rapid growth, brain development, and a critical stage in lifelong mental health²¹ are on the rise internationally, with lasting impacts throughout the lifespan²⁰
- Mental health and well-being impact academic outcomes, extracurricular involvement, and engagement^{14, 18, 22}
- Positive mental health enables people to realize their full potential, cope with daily life stressors, and meaningfully contribute to their communities¹⁹

Definitions

- Mental Health is not merely the absence of mental illness, but the presence of something positive, consisting of positive emotions, positive psychological functioning, and positive Social Functioning¹²
- Multi-Tiered Systems of Support (MTSS) is a three-tiered support system used to reach all students, offering the opportunity to improve students social, physical, and economic environments¹²
- Positive Youth Development (PYD) focuses on alignment of strengths, subjective experiences, and environments¹² and plays a crucial role in broad protective factors, prevention, mitigating problems, and promoting flourishing and thriving in life¹⁷

Practice Dilemma

How do Occupational Therapists advocate for their role in mental health promotion in the school-based setting?

How can Multi-Tiered Systems of Support (MTSS) be utilized by practicing therapists to address the mental health and well-being needs for all students?

Evidence-Based Practice Findings

Schools are ideal place for interventions due to the amount of time adolescents spend there¹⁵

MTSS is the current standard for implementing mental health services in schools, as well as academic instruction, behavior management, and special education¹³, and are supported by evidence in mental health promotion within school based practice¹⁹

MTSS is effective in addressing depressive symptoms within the school setting²⁰

MTSS demonstrates potential to create positive school climate, behavior management, teacher-student interactions, and peer interactions¹⁴ with growing evidence showing the impacts of positive school climate on academic success¹⁸

Classroom based strengths interventions showed positive results in well-being, engagement, and class cohesion¹⁶



Image: <https://www.frontlineeducation.com/solutions/special-ed/interventions/insights/whole-child-approach/>

AOTA Resources for Advocacy and Practice

Guidelines for occupational therapy services in early intervention and schools¹

Mental health promotion prevention, and intervention in occupational therapy practice²

Occupational Therapy's Distinct Value in Children & Youth³

Occupational Therapy's Role in School Settings⁴

Occupational Therapy's Role with Children and Youth⁵

What is the Role of the School-Based Occupational Therapy Practitioner? Questions & answers for Parents⁶

Fact Sheet: Occupational Therapy and School Mental Health⁷

Learn About Occupational Therapy for Children and Youth⁸

School Mental Health Toolkit⁹

Areas for Advocating for the Role of OT

- What is Occupational Therapy?
- What is the role of occupational therapy in school-based practice in relation to mental health?
- What is the difference between mental illness and mental health?
- What is Mental Health Promotion and Prevention?
- How can MTSS be used in Mental Health Promotion and Prevention?
- How can we support teacher and other staff to build positive school climates?

Reference

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Appendix C.3: Poster Reference List

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Appendix D: Evaluation Outcomes and Analysis

Appendix D.1: Adolescent Mental Health Promotion and Prevention through Multi-Tiered Systems of Support

Table 1

Participant survey feedback on MOTA presentation

N=22/42 participants	1	2	3	4	5
% = 52.3%	Not at all				Very Well
	n (%)	n (%)	n (%)	n (%)	n (%)
Please indicate how well the presentation met the stated learning objective 1. Explain the importance of the relationship between mental health and academic success to further advocate for the mental health needs of youth	0 (0)	0 (0)	1 (4.5)	4 (18.25)	1 (77.3)
Please indicate how well the presentation met the stated learning objective 2. Describe mental health promotion and prevention school programs that use multi-tiered systems of support based on a public health model	0 (0)	0 (0)	1 (4.5)	6 (27.3)	15 (68.2)
Please indicate how well the presentation met the stated learning objective 3. Illustrate further needs in practice and research for multi-disciplinary teams, including occupational therapy, to address mental health prevention and promotion within school-based practice	1 (0)	0 (0)	1 (4.5)	2 (9.1)	19 (86.4)
Please indicate how well the content of the presentation was organized	0 (0)	0 (0)	0 (0)	4 (18.25)	10 (81.8)

Please indicate your overall impression of the presenter's ability to communicate this material	0 (0)	0 (0)	1 (4.5)	8 (36.4)	13 (59.1)
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Table 2

Participant Narrative Feedback on MOTA Presentation

Please add any additional comments or suggestions. Thank you
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Excellent work!
Thank you! It was interesting hearing your summary of all the research. If you're interested in another resource, EmpowerU is an online course (currently for high school-aged students, but a middle school version is in the offing) that provides mental health support and intervention (created by an OT, SLP, and counselor). It's a nice resource for students to be referred to when they may not qualify for an IEP or 504, but need some additional support to set and meet goals and get back on track. Thanks again!
I love the topic you presented! You have really identified a needed area of practice. Great job!
I agree with you that addressing mental health issues in students needs to be addressed through multiple staff & that OT can take on a more significant role. Thanks

Appendix D.2: A Strengths-Based Lesson Series Supporting Mental Health Promotion through a Tier 1 School-Based Mode

Table 3

Staff Feedback – Pre-Lesson versus Post-Lesson: How comfortable are you with talking about character strengths?

	1	2	3	4	5	6	7	8	9	10
	Not Comfortable at all									Very Comfortable
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Pre-Lesson: N=13 13/21= 61.9%						1 (7.7)		5 (38.5)	2 (15.4)	5 (38.5)
Post-Lesson: N=12 12/21= 57.1%						2 (16.7)		4 (33.3)	1 (8.3)	5 (41.7)

Table 4

Staff Weekly Feedback: How did your class respond?

	1 Negative n (%)	2 n (%)	3 n (%)	4 n (%)	2 Positive n (%)
Week 1, N = 4 4/21 = 19%				3 (75)	1 (25)
Week 2, N = 6 6/21 = 28.5%			1 (16.7)	5 (83.3)	
Week 3, N = 4 4/21 = 19%			2 (50)	1 (25)	1 (25)
Week 4, N = 2 2/21 = 9.5%				2 (100)	
Week 5, N = 2 2/21 = 9.5%				2 (100)	

Table 5

Week 1 – How did you like the lesson?

	1 Boring n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)	6 n (%)	7 n (%)	8 n (%)	9 n (%)	10 Very Interesting n (%)
Staff N=12 12/21 = 57.1%								6 (50)	4 (33.3)	2 (16.7)
Students N=151 151/368 = 41%	10 (3.5)	10 (3.5)	21 (7.5)	17 (6)	37 (13.2)	30 (10.7)	41 (14.6)	47 (16.7)	29 (10.3)	43 (15.3)

Table 6

Post-Lesson Series – How did you like the lesson series?

	1 Boring n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)	6 n (%)	7 n (%)	8 n (%)	9 n (%)	10 Very Interesting n (%)
Staff N=12 12/21 = 57.1%								6 (50)	4 (33.3)	2 (16.7)
Students N=151 151/368 = 41%	12 (7.9)	10 (6.6)	14 (9.2)	9 (5.9)	20 (13.2)	14 (9.2)	22 (14.5)	15 (9.9)	22 (14.5)	11 (7.2)

Table 7

How much did you learn from the lesson series?

	1 Not Much n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)	6 n (%)	7 n (%)	8 n (%)	9 n (%)	10 A Lot n (%)
Students N=151 151/368 = 41%	3 (1.9)	4 (2.6)	11 (7.2)	10 (6.6)	19 (12.5)	17 (11.2)	26 (17.2)	36 (23.8)	17 (11.2)	9 (5.9)

Table 8

Staff Feedback – Do you think this lesson series was beneficial?

N=12 12/21 = 57.1%	Do you think this lesson series was beneficial for your students?	Do you think this lesson series was beneficial for you?
	n (%)	n (%)
Yes	11 (91.7)	12 (100)
No		
Other	1 (8.3)	

Table 9

Staff Feedback – When you think of the words “Character Strengths”, what do you think of?

Pre-Lesson Series	Post-Lesson Series
Recognizing and using your gifts well.	Real superpowers
character - how we act, how we treat others strengths - things that we do well	Positive traits that help define who you are and how you act.
Personal strengths and weaknesses: what traits does a person possess that make them good leaders, good workers, good learners, good humans... Related to virtues, but more individualized to personality strengths	I think that everyone was blessed with different gift and character strengths. Identifying yours not only helps you, but helps others that know you. If you can vocalize your strengths and weaknesses to other people, they are more likely to be able to help you.
Integrity, honesty, loyal, leadership, understanding	Things that you are good at and that make you who you are.
courage, cooperation, respect, citizenship, perseverance, responsibility, compassion, positive attitude, integrity	Building upon what you're good at and who you are, rather than focusing on what you're bad at, and what you're not.
I think of resilience and perserverance...especially in a year like this one!	Joy, gratitude, love of learning. A list of traits that describe a person's strengths.
I think about quality of character - moral compass, so to speak. Doing what's right/integrity, perseverance/effort, grit, positivity, willingness to be vulnerable, honesty.	attributes of one's character, characteristics of a person that are noticeable to others and thereby make a person unique
I think character strengths are skills and qualities that someone is strong in or good at.	Character Strengths are what make us who we are.
Best personality attributes.	What makes people be who they are.
Areas of your personality that help you.	Doing the right thing, it's different for different people as a strength.
Natural tendencies for behavior based on values or beliefs.	Gifts/talents/virtues
I think of things that we are best at.	Character traits that a person uses often.
What makes you who you are.	

Table 10

Post-Lesson Series Staff Selected Subjective Feedback

Staff
<p>Thank you for all the work you did putting this together. Even though I did not require students to complete the activities outside of our advisory time, many did. The students seemed very excited to write a letter of gratitude.</p> <p>Thank you for doing this, Sarah! I know how vulnerable you felt putting this out to the MS team, but you showed a lot of bravery, creativity, leadership, and humility through this lesson series. You rock! We appreciate it more than you know.</p> <p>It good lesson work.</p> <p>I have a 20-minute advisory period beginning at 10:10. I was able to cut down on a few of the lessons to make them fit my window. When I did have time for some of the discussions, the kids in my group had buy-in, so that was great to see!</p> <p>Thank you for all your work putting this together! Fabulous job.</p> <p>If we were going to do them again just as we did them this time, I would suggest shorter lessons (especially shorter videos), or maybe breaking them up more or making certain parts optional. It was just a lot for some of these kids in a venue where they're not used to having to pay attention for 45 minutes. :) In a regular school setting, I think they would have been great. They did skew a little more toward the younger kids in some lessons.</p> <p>Maybe look into the top 3 character strengths (instead of the top 1)... ?</p> <p>Thanks again!</p> <p>I like how the flow of the lessons.</p> <p>Allow more time for discussions from the kids.</p> <p>I think it would be good to adapt these lessons based on the grade level. Some things that work really well for 5th graders are not something that interest the 8th graders or something that really sticks with the 8th graders might go over the head of the 5th graders.</p> <p>I'd like to keep doing this, but hopefully in person next time. Maybe we can train the teachers to do the talking because then we have more engagement.</p> <p>thanks so much for creating this great series!</p> <p>I thought it was great! As my first time through the curriculum, I would just say that perhaps I didn't present the material in the best way. Now that I've gone through it once, I understand it more and could do a better job with the presentation.</p> <p>Thank you, Sarah. I really enjoyed this and I know our students need to hear more about social/emotional skills.</p>

Appendix E: Reflection

Appendix E.1: Public Presentation and Script



ST. CATHERINE UNIVERSITY

Background Information and Gratitude



ST. CATHERINE UNIVERSITY

Slide 2:

Childhood and adolescence is a time of rapid growth, brain development, and a critical life stage for mental health (WHO, 2006). Youth who exemplify positive mental health, or are considered mentally healthy, have a positive quality of life, function well across environments, meet developmental and emotional milestones, learn healthy social skills, adequately cope in times of stress (CDC, 2021) and are more likely to be ready to learn when they go to school, actively engage in school activities, have supportive connections with others, and add to positive school culture (Youth.gov, n.d.b).

The prevalence of mental health concerns continues to rise in youth. It is estimated that more than half of mental health problems begin in adolescence, many lasting throughout the lifespan, with estimates that between 10-20% of adolescents globally experience mental health problems, though many of these are underdiagnosed and undertreated (WHO, 2020). According to the National Institute of Mental Health (2021), mental disorders are estimated to impact 49.5% of adolescents in the United States, with up to 22.2% of them presenting with severe impairment. With up to half of mental health issues beginning before the age of 14, mental

health concerns account for 16% of the global burden of disease and injury in youth ages 10-19, with depression being one of the leading causes of illness and disability among adolescents (WHO, 2020). These disorders lead to serious changes in how children learn, behave, handle their emotions, and cause youth distress and problems with getting through their day (CDC, 2020).

With such staggering numbers, of mental health concerns, the importance of addressing mental health in all students, is evident.

Need for Knowledge Translation

Mental Health Concerns in School-Based Practice

- What is inhibiting student performance?
- Is positive mental health in the occupational therapy scope of practice?
- How can we reach more students?
- Should occupational therapists be a part of the mental health team?

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Slide 3:

When I first began the PP-OTD program, I had a difficult time expressing this practice dilemma to others. I couldn't find the words to explain it, didn't feel confident enough in my skills, or that this was within the scope of our practice. I questioned myself, what I was observing, and if this was an important practice dilemma. I had seen how this was impacting performance, skill development, even lifelong occupational exploration. But I told myself, and others told me, that this was something that should be the responsibility of other professionals in the schools.

Occupational therapists should focus on fine motor, visual motor, sensory processing, and assistive technology needs. But deep down, I knew this was something that we, as occupational therapists, are also meant to address.

Adolescence, defined as ages 10-19, is a time of rapid growth and development, with the rate and change only exceeded by that in the fetal and infancy periods. The development that occurs in these years has lifelong implications. During this time, these youth are finding themselves, developing their identities, their lifelong occupations, figuring out who they are. How do we find ways to help all adolescents develop in positive ways through positive mental health?

Within the school-based setting, students do not have equal access to mental health promotion and prevention services. At some schools, mental health services are not accessible beyond teachers and the school nurse. Students do not always have school counselors, social workers, guidance counselors, school psychologists, or other mental health professionals on staff. The mental health needs of students fall on the teachers and support staff. How is this impacting youth development, both for those with mental health needs and those without identified needs?

School personnel, including teachers, do not feel that they are qualified to address the mental health needs of all their students. As occupational therapists, we have background knowledge and training, but often, we are left out of the mental health team. How can we, as a profession, grow this emerging area of practice? How do we advocate for the role that we can have in assisting students beyond handwriting, fine motor, visual motor, and sensory needs? Our roles in the schools, in general, have become limited, but we have so much more that we can offer in supporting the mental health of the school community.

Mental Health



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Slide 4:

The most important term and driving force of my journey is mental health. Mental Health is a complex and often misunderstood term and is more than just the absence of mental disorders, mental illness, or mental disabilities (CDC, 2018a; WHO, 2018).

Mental health involves positive emotions, including positive affect, interest in life, happiness, positive psychological functioning, including self-acceptance, purpose, and autonomy, and positive social functioning, including a sense of belonging, positive attitude towards others, and meaningful social outlets (Bazyk, 2011). Positive mental health allows positive functioning, allows individuals to realize their aspirations, satisfy their essential and desired needs, live fulfilling, long lives, and allows them to develop socially, economically, and personally, coping with everyday stresses, and participate in meaningful activities. Mental health and well-being affects how we think, act, and feel. It is fundamental to interacting, earning a living, participating in and enjoying life, and is essential to consider across the lifespan (CDC, 2018a; DEC, 2018b; U.S. Department of Health & Human Services, 2020; WHO, 2018).

By shifting our focus to positive mental health versus mental illness, how can we impact the communities we serve?

Mental Health and Well-Being in Adolescence

Review of Evidence

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Slide 5:

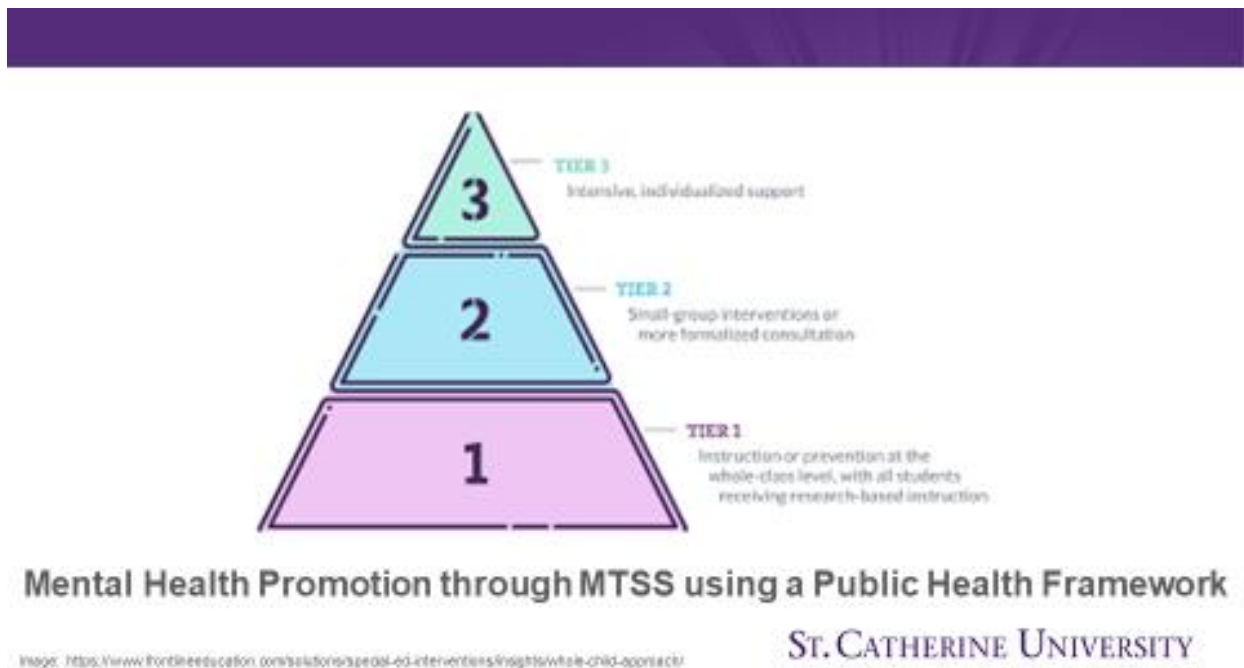
Childhood and adolescence is a time of rapid growth, brain development, and a critical life stage for mental health (WHO, 2006). Youth who exemplify positive mental health, or are considered mentally healthy, have a positive quality of life, function well across environments, meet developmental and emotional milestones, learn healthy social skills, adequately cope in times of stress (CDC, 2021) and are more likely to be ready to learn when they go to school, actively engage in school activities, have supportive connections with others, and add to positive school culture (Youth.gov, n.d.b).

The prevalence of mental health concerns continues to rise in youth. It is estimated that more than half of mental health problems begin in adolescence, many lasting throughout the lifespan, with estimates that between 10-20% of adolescents globally experience mental health problems, though many of these are underdiagnosed and undertreated (WHO, 2020).

According to the National Institute of Mental Health (2021), mental disorders are estimated to impact 49.5% of adolescents in the United States, with up to 22.2% of them presenting with severe impairment. With up to half of mental health issues beginning before the age of 14,

mental health concerns account for 16% of the global burden of disease and injury in youth ages 10-19, with depression being one of the leading causes of illness and disability among adolescents (WHO, 2020). These disorders lead to serious changes in how children learn, behave, handle their emotions, and cause youth distress and problems with getting through their day (CDC, 2020).

With such staggering numbers, of mental health concerns, the importance of addressing mental health in all students, is evident.



Slide 6:

Multitiered systems of support, or MTSS, is a framework designed to help problem-solve to improve outcomes for all students, relying on evidence-based practice to address students' various needs (Center on Positive Behavioral Interventions & Supports, 2021). This three-tiered support system involves Tier 1 (universal or whole population), Tier 2 (targeted or selective), and Tier 3 (intensive or individualized) interventions (Bazyk, 2011; Center on Positive Behavioral Interventions & Supports, 2021).

This framework has been applied in various educational domains, including academic instruction, social skills instruction, behavior management, special education, and mental health services (Cahill & Egan, 2017).

Through a systematic review, MTSS demonstrated the potential to create a positive school climate, with increased feelings of emotional support, well-being, solidarity, and friendship in the school community (Garcia-Carrion et al., 2019). Five interventions reviewed by Garcia-Carrion et al. (2019) were found to improve classroom climate, including behavior management and productivity, improve teacher-student interactions, such as emotional support,

teacher sensitivity, responsive teacher-student relationships, and improve peer interactions, all of which impact overall student mental health and well-being.

Positive Youth Development and Positive Psychology Interventions

Review of Evidence

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Slide 7:

Positive psychology Interventions are associated with happiness, well-being, and flourishing (Cilar et al., 2020O), with programs showing positive results in subjective well-being, emotional regulation strategies, reducing mental health symptoms, participation in occupations, positive attitudes, increased class engagement, and class cohesion (Bazyk et al., 2015; Cilar et al., 2020, Quinlan et al., 2015).

Positive Youth Development (PYD) can be fostered when traits, such as character strengths, subjective experiences, such as happiness, and institutions, such as schools and classrooms, are in alignment and supportive of the mental health needs of all (Bazyk, 2011). Character strengths play a crucial role in PYD as broad protective factors, prevention, mitigating problems, and promote flourishing and thriving (Park & Peterson, 2008).

Character Education, Positive Schooling, and Character Strengths

Review of Evidence

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Slide 8:

Positive schooling involves incorporating student well-being as a central focus of the learning environment, using character strengths to promote positive change, well-being, and students' positive emotions (Kumar & Mohideen, 2019).

In a study of 700 students, it was found that gratitude, a character strength, was significantly positively correlated with learning engagement and raising positive behaviors, including effort and perseverance, for learning (Jin & Wang, 2019).

Schools are the ideal place to complete strengths-based interventions for adolescents, as they spend the majority of their time there, with positive supports in environments playing a pivotal role in happiness cultivation and positive outcomes, including student well-being (Kumar & Mohideen, 2019; Proctor et al., 2011).

Character strength interventions were found to improve life satisfaction, positive affect, engagement, hope, class cohesion, well-being, social skills, academic performance, and improved problem behaviors (Lavy, 2020).

The Role of Occupational Therapy in Mental Health in School-Based Practice

Review of Evidence

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Slide 9:

Occupational therapy practitioners have unique training and background to address mental health challenges in everyday activities and social interactions in adolescents, emphasizing participation in daily occupations and their deep roots in mental health, strong background in lifespan development, and an understanding of development across the lifespan (AOTA, 2015; Bazyk, 2011; Blackwell & Bilics, 2018).

In promoting mental health for all, occupational therapists can focus on building positive qualities and personal strengths, along with the traditional emphasis on remediating problems (Bazyk, 2011). Occupational therapists have an opportunity to reframe mental health services for children to include mental health promotion and prevention in addition to their traditional focus on interventions through a three-tiered approach to services (Bazyk, 2011). According to High-interest, age-appropriate activities and occupations are beneficial to children and youth's mental health and should be implemented for those with or at risk of mental health concerns using a group service delivery model (Cahill & Beisbeir, 2020). Occupations and relationships are often the root of occupational therapy interventions, including individualized and group

sessions. Occupational therapists are not only prepared for individual interventions but can take a broader approach in mental health promotion and prevention for children and youth without diagnosed mental illness, expanding into a public health model by using occupation and activity-based strategies (Arbesman et al., 2013). The framework of school mental health promotes collaboration between mental health providers, related service providers, teachers, and school administrators, a truly interdisciplinary collaboration, to meet all students' mental health needs (Bazyk, 2011).

Occupational therapists in the school setting work collaboratively in partnerships with other professionals to understand student's strengths and needs while actively participating in team decisions using clinical reasoning (AOTA, 2017a). The scope of occupational therapy practice in schools includes providing health promotion services to individuals, groups, populations, and policymakers through interventions (AOTA, 2017a; AOTA, 2017b; AOTA, 2020), aligning with using MTSS.

Aims for Knowledge Translation

1. Increase awareness of background research on MTSS in mental health promotion and prevention in the adolescent years through an evidence-based practice presentation process to local occupational therapy practitioners through the Minnesota Occupational Therapy Association (MOTA)
2. Evaluate the design and implementation of a schoolwide (grades 5-8) mental health promotion program using a strengths-based approach
3. Present information to occupational therapy practitioners and students to advocate for the role of occupational therapy in mental health promotion in school-based practice through a poster presentation to the Minnesota School-Based OT/PT Institute.

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Slide 10:

After gaining background knowledge and understanding, I began developing my ideas for knowledge translation to begin to address the identified practice dilemma in mental health promotion for adolescents. These three projects are a continuum of an evolution of ideas and knowledge. Throughout the knowledge translation journey, the knowledge users that I wished to share my findings and ideas with evolved as well. Identifying the who and why to translate knowledge to with these methods, was an important part of the journey.

My aims for Knowledge Translation varied in the reach that I hoped to make on this journey.

The aim of my first knowledge translation project was to Increase awareness of background research on MTSS in mental health promotion and prevention in the adolescent years through an evidence-based practice presentation process to local occupational therapy practitioners through the Minnesota Occupational Therapy Association (MOTA)

The aim of my second knowledge translation project was to evaluate the design and implementation of a schoolwide (grades 5-8) mental health promotion program using a strengths-based approach

The aim of my third knowledge translation project was to Present information to occupational therapy practitioners and students to advocate for the role of occupational therapy in mental health promotion in school-based practice through a poster presentation to the Minnesota School-Based OT/PT Institute.



*Adolescent Mental Health Promotion and Prevention through
Multi-Tiered Systems of Support*

A Knowledge Translation Project for Occupational Therapy Practitioners

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Slide 11:

My first project was the research spurred by my questioning of mental health within the scope of occupational therapy in the school-based setting. I wanted to know where the research was in supporting mental health promotion and prevention in the schools? What can we, as occupational therapists, do to help?

What I found surprised me. We are not the only profession that is struggling to figure out how to best meet this need for students, all students, especially adolescents. This interdisciplinary question has been around for years, using different terms and keywords. But this is something that others were seeing as well, that others were researching. This inspired me. Through this research, I was able to identify the words, the definitions, that would help me feel confident in the need that I was seeing. I was also able to identify key researchers in this area across disciplines.

The presentation, entitled *Adolescent Mental Health Promotion and Prevention through Multi-Tiered Systems of Support*, was completed over zoom and included occupational therapy

practitioners and students. The presentation was approximately 30 minutes in length with 10 minutes allowed at the end for questions.

Overall, 22 participants completed the post-survey of the approximately 42 in attendance. Of the survey respondents, 95.5% (21/22) felt that the objectives were met well (4) to very well (5). When asked about the presentation's organization, 81.8% (18/22) of the respondents felt the content was organized very well. In communication, 59.1% (13/22) of respondents felt the presenter did very well in communicating the materials.

To me, looking back, though the first project was actually the presentation, through Minnesota Occupational Therapy Association, I believe the knowledge translation journey of this project started long before that. , The presentation was not conclusive, it was not comprehensive in the way it would be today. The presentation was merely a culmination of the research and years of professional development coming to a head at that place and time. But it was a snapshot of where I was in my journey of understanding mental health promotion and prevention in adolescents. I believe that is a key in lifelong learning and the importance of continued research and knowledge acquisition and translation – it never really ends.



*A Strengths-Based Lesson Series Supporting Mental Health
Promotion through a Tier 1 School-Based Model*

A Knowledge Translation Project in Mental Health Promotion for Students and Staff

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Slide 12:

My second knowledge translation project was entitled *A Strengths-based lesson series supporting mental health promotion through a Tier 1 School-Based model*, was aimed to help students (grades 5-8) and staff at a suburban middle school. This initiative, consisting of six weekly lessons, completed in advisory time (approximately 45 minutes weekly), included videos, project suggestions, discussion, and follow-up activities to be completed by students and staff. This program was based on a program from the Greater Good Science Center at UC-Berkeley, and modified and enhanced from an occupational therapy perspective to fit the identified needs of students and staff at the time of implementation,. The initiative was designed and implemented on a weekly basis during distance learning in January and February of 2021.

The goals for this knowledge translation project for students and staff were to assist them in recognizing and using character strengths within the school community, find a way to promote positive mental health at a Tier 1 level within a middle school setting, and assist in Integrating positive mental health into all environments within the school day

As a result of participating in the six-part lesson series, students and staff could:

- Define and describe character strengths
- Connect how character strengths influence daily occupations
- Identify and understand their own top five character strengths
- Discover and connect character strengths in others
- Understand, practice, and share gratitude
- Correlate how positivity and negativity can impact environments, occupations, themselves, and others
- Collaborate further to understand the importance of character strengths in everyday life

Overall, feedback through the weekly surveys was positive. When interpreting results, many factors needed to be considered, especially with results tabulated from the students. The learning model (distance learning), the age of the respondents (grades 5-8, ages 10-14), and the different approaches used should all be taken into account when looking at the program's success. Limited student results have been tabulated at this point, with more reliance on subjective feedback planned for future program planning involving administration and staff.

Staff offered limited feedback, with only the post-lesson series feedback completed by >50% of the staff who participated. As this school year has been noted to place higher demands on teachers, this is understandable. These are all limiting factors in the formal tabulation of all of the data collected.

Some of the pertinent results, however, show that this was an overall success.

- When asked how their classes responded, on a Likert scale from 1 being negative to 5 being positive, the most common response from teachers was 4/5.
- When asked how they liked the lesson for week 1, on a Likert scale of 1 (Boring) to 10 (Very Interesting), 100% of the staff (N=10) and 57% of students (N=280) rated the week 1 lesson between 7-10/10.

- In evaluating the overall lesson series, on a Likert Scale of 1 (Boring) to 10 (Very Interesting), 100% of staff and 31.7% of students rated the series eight and above.
- When asked if they thought the lesson series was beneficial for their students, 91.7% of staff said yes, with one respondent stating “other”, stating that the time of presentation may have influenced student engagement and should be looked at for future programming).
- When asked if the lesson series was beneficial for them, 100% of staff who responded chose Yes.

Two informal meetings of approximately 20 minutes in length were scheduled with the middle school administrator, at the halfway and end of the series. At both meetings, she stated that she had heard positive feedback from staff and students alike. At the post-lesson series meeting, she said she would like to begin exploring ways to continue incorporating the information into the curriculum in the 2021/2022 school year. She believed it was a very positive experience for all and something meaningful for the school to continue to build upon.

This project is one I had dreamed of doing over the last 3 school years. It is the one I am most proud of, the one that allowed me to be vulnerable, but to truly demonstrate what it means to translate knowledge to a greater community. This fall, after coming out of the fog of hybrid learning in a pandemic, the stars aligned, my confidence was high, the needs of the students were growing, and I decided to take a leap and approach the principal of the middle school about this idea. Designing this six week series was not an easy feat, with many extra hours of my own time devoted to assisting all the students find, understand, use and grow their character strengths. But it was time well spent.

There were parts that I fumbled with, parts that I would design better, such as the evaluations that I used. But overall, I am so happy that I mustered the courage and found a way to implement a Tier 1 initiative to 368 students and 21 staff, not to mention whoever was at

home with them during distance learning! It was terrifying at times to hit send on the weekly emails with the video links and I tried to be busy every Friday at 9:30 am when I knew they were being presented to the classes so I wouldn't have to worry about what they thought. The teachers have been very happy with the results, as has the administration. I feel that through this, I started a ball rolling, however slowly, on implementing more Tier 1 support within this school.

*Advocating for the Role of Occupational Therapy in Mental Health
Promotion in School-Based Practice*

A Knowledge Translation Project for Occupational Therapy Practitioners on Advocating for Their Role in Mental Health Promotion in School-Based Practice

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Slide 13:

My third knowledge translation is a poster presentation titled *Advocating for the Role of Occupational Therapy in Mental Health Promotion in School-Based Practice* at the annual Minnesota School-Based OT/PT Institute. Through this project, information will be shared to help therapists advocate for mental health promotion in school-based practice. by exploring current research, background information, definitions of key terms, advocacy resources, and areas of need in advocacy, This is designed to help practitioners feel empowered to advocate for their expertise in mental health in the schools, including addressing the needs of all students through MTSS

As a result of attending the poster presentation, participants will:

- Understand their role of occupational therapy in school-based practice in mental health promotion using multi-tiered systems of support
- Utilize research and resources to advocate for their role in mental health promotion within school-based practice

- Identify at least two tools that they can use to advocate for their role as an occupational therapist to assist them in their practice with children and youth
- Articulate the importance of occupational therapy in addressing mental health promotion within the school setting

The three main messages for knowledge users for this project are:

- Therapists and school staff, including occupational therapists, have an essential role in mental health promotion within school-based practice that is often underutilized.
- Using Multi-Tiered Systems of Support (MTSS), an evidence-based approach to interventions, all students within the academic setting can be reached, including Tier 3 (Individualized support), Tier 2 (small group for those at risk), and Tier 1 (Universal programming), using curriculum-based models, in mental health promotion
- Resources are available to support therapists in mental health promotion within the school setting through interdisciplinary and AOTA resources to guide and support practice. However, practitioners may not have access to or know about available resources.

My third knowledge translation project is just a creation at this time, but would not be possible without the other two. This seems to be a journey and this was the next turn in the road. This project is designed with the hope that other therapists, those that are just like I was before starting this journey, can feel empowered to make the first step with resource acquisition through this poster presentation. I want other therapists to feel like they are not an OT island if they see positive mental health as something that they should be addressing within school based practice. I want other therapists to know that there are others out there who have similar ideas and visions of how we can assist more students. I want other therapists to feel confident in their abilities, knowledge, and training to advocate for mental health promotion in the school communities that they serve.

Next Steps

Communities of Practice

Continue Strengths-Based Initiative

Continuing Education opportunities

School-Based Therapy Resources

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Slide 14:

Going forward, I see these three projects continuing to evolve, similar to how they have in their development process thus far. Love of learning was my signature strength this year, which I found during my strengths-lesson series with the students and staff using the VIA character strengths indicator. To me, that means to continue learning and growing. This also means continuing to expand the reach of my knowledge. How can I assist other therapists and soon-to-be therapists in this area of practice? How can I help more students in this important need? How can I make a bigger difference?

My next idea that I hope to bring to fruition is creating communities of practice. Through communities of practice, therapists can feel connected in a network, share ideas and insights with each other, build upon these collaboratively, and advocate together for the role that occupational therapy can play in adolescents. As I am looking forward, I believe that developing this model, based on Susan Bazyk's work and networking are the first steps. There are others who are seeing this need and I hope that I can help find ways to connect practitioners so we can work together.

A few other ideas are also beginning to emerge. One, as I completed the preparations for this public presentation, is putting together a continuing education workshop based on the background knowledge, my projects, and my professional experience with this. I believe this would also be a way to support my desire to help empower other practicing therapists.

There is a large percentage of practicing occupational therapists working in school based practice, but many, I have found, feel a bit ill prepared for this as a new therapist. Many of these individuals work independently so they do not always feel they have the support of experienced practitioners to rely on for questions and continued learning. This may be another area to develop continuing education or communities of practice.

Recommendations and Implications for Occupational Therapy

- Importance of our background and training
- The role of occupational therapy in school-based practice
- The importance of collaboration
- The current and future needs in mental health for all

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Slide 15:

Occupational therapists have background and training in treating the whole child in interventions, focusing on typical and atypical development, and looking at the person, environments, and occupations that are meaningful to everyday functioning. According to AOTA (2017b), entry-level occupational therapists are educated in human development and behavior throughout the lifespan, historical and contemporary perspectives on the promotion of mental health, common comorbidities of mental illnesses, the therapeutic use of self and group processes, evidence-based practices, and service delivery. Occupational therapists can apply this knowledge through assessment, evaluation, use of evidence-informed approaches, establishing collaborative relations, integrating person-centered approaches, designing, executing, and applying individual and group interventions to increase performance and participation in occupations and everyday roles (AOTA, 2017b).

As support staff in the schools, occupational therapists approach students' needs through collaboration with the interdisciplinary team, staff training, and interventions. Through this, occupational therapy practitioners have the familiarity of multiple staff, as well as classroom

and family environments. Using a public health model, including MTSS, occupational therapists can positively impact school culture, mental health promotion and prevention of all students and staff, and be a resource for evidence-based programming to ensure continued collaborative support for the school community.

By offering learning opportunities to increase understanding of mental health, mental health promotion, prevention, PYD, and ways to use PPI, occupational therapists can help empower other professionals in the education sector to recognize adolescents' mental health needs.

With our background knowledge and training, occupational therapists should be active members of the mental health teams within school-based settings. Advocacy resources are available through AOTA, but not all therapists feel confident that this is within the scope of practice.

In current times, the mental health needs of all are taking a precedence of importance like never before. Occupational therapists have an opportunity to advocate for our role to assist more students, as well as communities, to help meet these needs.

Advanced Practice for the Doctoral Project

- Knowledge Translation
- Evidence and Resource
- Empowerment as an occupational therapist
- Need for advocacy in mental health promotion in school-based services

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Slide 16:

Knowledge translation is vital to help grow the field of occupational therapy. In school-based practice, I see it starting with small steps. By sharing knowledge with coworkers, educating others on techniques and protocols that may assist a student during in-direct service time, and setting up routines, schedules, and tools to help with student success, we offer knowledge translation opportunities on the benefits of occupational therapy within the school setting. Through this, we also grow ourselves by listening to others in their roles and ideas. When we begin to advocate for our role as more than just a handwriting teacher, backing our claims with evidence, we are continuing the knowledge translation journey. When we look at educating other professionals, be it other occupational therapy practitioners, interdisciplinary team members, families, communities, or policymakers, we are furthering the reach of our knowledge base. As we become more confident, having the evidence to support our ideas and insights, we can reach more therapists, reaching more students. And the more therapists who share their knowledge in this way, the more students can be impacted with evidence-based programming.

By reviewing evidence, applying evidence, re-discovering resources, and disseminating resources, I see that I am not alone in identifying needs in mental health promotion to influence student success in school and beyond. I now feel confident in the crucial role of occupational therapy in mental health promotion. Through knowledge translation, therapists can feel empowered in their position, influencing the lives of more adolescents. Helping others see the unique role and influence they have as occupational therapy practitioners is vital to moving initiatives forward. With our background knowledge and training in mental health, we should have more of a role in mental health within all settings

Therapists can and should feel empowered to join together to advocate for this critical area of practice. Knowledge translation can help connect therapists who see these needs for adolescents to each other, building networks and connections to address this area, not alone, but as a professional within the interdisciplinary teams that we work with. By connecting with other practicing therapists, practitioners can feel empowered in advocacy for our profession at a more significant level. In these ways, I think that these projects have grown myself as a professional and can expand the practice of occupational therapy in the importance of mental health promotion.

Reflection on Learning

- Desire to make a difference
- COVID-19
- Mental health and Well-being
- The importance of foundational skills

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Slide 17:

Completing a doctorate in normal times while working and raising a family is not an easy task. But it is a challenge that I planned, along with my loved ones, as a way to make a difference. I desired to make a difference in occupational therapy in more ways than just the students I was blessed to have on my caseload.

Working and completing this program during COVID-19 both limited and expanded my opportunities.

The pandemic has opened my eyes to how fragile mental health and well-being can be. My own executive function skills, things that I work with my own students on, have faltered during this time, with stress and anxiety leading the way. I have a newfound understanding of how mental health and well-being impacts all of us in different ways at different times. I see the importance of having the foundational skills of a strong sense of self and understanding of my own strengths to get me through this time of increased uncertainty. This is something that will help me moving forward with all of my students – a new understanding of how mental health impacts us all.

The circumstances of this different school year, along with where I was at in my coursework, allowed for the confidence I needed to successfully pitch the idea of the strengths-series as a Tier 1 initiative in the middle school. The timing worked well with the students moving into distance learning. A different schedule than is typical for this school allowed for an opening in the weekly advisory to offer this to all students.

These knowledge translation projects, and my entire PP-OTD journey, have led me to look deeper into the foundational skills necessary for adolescents to fully participate in occupations, to see the potential for occupational therapy, and how vital occupations are to overall well-being. An MTSS model of mental health promotion allows for occupational justice in giving access to occupational therapy for all, focusing on each individual as unique and as a part of a community, and each community being unique in its needs at different times. By valuing the uniqueness of each individual and supporting the community as a whole, there is an opportunity to lead occupational therapy in a direction that has the potential to assist adolescents in ways that will help them into adulthood. By helping the students create life balance and see the strengths within themselves and others, we can assist them in their future growth and development..

I feel that mental health and well-being are a very important area that we, as therapists, should be addressing across the lifespan. With our knowledge base and training alone, we should be active members of the mental health teams.

Positive mental health and well-being impact functioning across environments. To me, this is exactly what OT is, giving all individuals the opportunities to work on foundational skills to flourish across environments! Mental health promotion is just that.

Gratitude and Acknowledgements



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Slide 18:

First, I want thank Deanna Lensing and Kate Turner for being a part of this journey with me. It has been an adventure and I am so glad I was on it with both of you. I want to thank

Dr Rabaey, for being my advisor and Dr. Bass, for leading us through the initial steps in the knowledge translation journey.

I would like to acknowledge all the other professors, from 1999-2001 and from the last 2 years, at St, Kates, who have helped me become the therapist that I am today.

Thank you goes to my doctoral committee, Dr. Green and Dr. Kletti, as well as Dr. Bazyk and Ms. Conway, who all were willing to talk with me through my ideas, helping me to feel even more passionate and confident about this areas and understand how many others recognized this practice need.

I could not have done this without my co-workers and students, past and present, who have supported me and made me a part of the team and classes, from Mrs Greene Days to the 6-weeks strengths inititative, and everything in between.

And most importantly, my family. They have supported me, loved me, encouraged me, motivated me, and give me a reason every day to make myself a better person and try my hardest to make the world a little better place.

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